

**PSYCHD**

**Exploring Trust and the Relational Experiences of Male Clients within Counselling for Childhood Sexual Abuse**

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# **Exploring Trust and the Relational Experiences of Male Clients within Counselling for Childhood Sexual Abuse**

By

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A thesis submitted in partial fulfilment of the requirements for the  
degree of PsychD

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## Abstract

*Among the many researched outcomes of childhood sexual abuse ('CSA'), relational difficulties have been well documented. However, male CSA survivors may experience several outcomes that are unique to their gendered experience and yet remain largely under-represented in the literature. A gap was identified in the research around the experience of the male survivor in therapy for childhood sexual abuse, particularly where it relates to relationship building. Therefore the research aimed to explore this from the perspective of the survivors, with a focus on trust within the therapeutic relationship. To achieve this, the researcher interviewed 6 male survivors of sexual abuse, all of whom had greater than one years' experience in a therapy that focused on their abuse. The researcher adopted a semi-structured interview format which facilitates partial guidance by the new data introduced by the participant. Transcripts of the interviews were analysed using interpretative phenomenological analysis with a consistent curiosity stance that allowed the researcher to partially bracket their prior knowledge. The analysis resulted in four master themes emerging; i) Finding and Connecting; ii) Negotiating Masculine identity, iii) Accepting and Committing to the process; and iv) Trust. Findings highlighted the necessity of reducing epistemic vigilance in the early relationship and the importance of negotiating power dynamics with support for challenge by the client in order to facilitate trust. The experience of masculine social expectations in a male CSA survivor is explored with regards to the trust relationship and an unexpected finding was made in the importance of group work. These findings were linked to previous research in the area of male CSA, recommendations are made for future research and implications for practitioners were explored.*

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# **1 - Introduction**

## **1.1 – Overview**

The current research is an Interpretative Phenomenological analysis of therapy relationship and trust experiences of male survivors of childhood sexual abuse ('CSA'). Chapter 1 will provide background information on the subject of male survivors and what is known with regards to therapy and relationship experiences for this group. To achieve this, existing literature will be explored with a view to understanding the factors that contribute to these experiences. As a gap has been identified in the literature around the understanding of trust for male survivors, existing literature on trust within therapy for other groups will be explored. Finally, research rationale, aims and questions will be discussed.

## **1.2 – Male CSA Survivors**

### **1.2.1 - Prevalence**

Prevalence presents a particular issue in the area of CSA as sexual abuse involves a high level of secrecy (Dorahy & Clearwater, 2012). Prior to 1980 there was minimal research into male survivors and some believed that they did not exist (De Francis, 1969; Finkelhor, 1984).

Therefore much of the earlier work in the area appears to be in the realms of proving the need for research for male survivors. Several researchers around the world (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Finkelhor, 1994; Finkelhor, Hotaling, Lewis, & Smith, 1990; Finkelhor, Shattuck, Turner & Hamby, 2014; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011) have looked at the issue of prevalence and conducted meta-analyses in order to ascertain the likelihood of life-time occurrence. However there are a number of problems in achieving accurate estimations.

It is complicated to define prevalence. Some researchers have defined prevalence of childhood sexual abuse as the number of individuals who have experienced sexual abuse in childhood (Fallon et al., 2010; Peters, Wyatt, & Finkelhor, 1986). This contrasts with others who refer to incidence of child abuse; this being the number of new cases reported to child services (Fallon et al., 2010; Peters et al., 1986). However, as noted, CSA involves an element of secrecy and therefore many children do not report until adulthood.

The first issue in establishing prevalence is the under-reporting of sexual abuse. It is well established that silencing (the inability to disclose) is a significant part of the abuse experience (O'Leary & Barber, 2008). Many cases of sexual abuse go unreported and therefore life-time prevalence cannot be gathered merely through child support services. Consequently, researchers have looked at random samples.

Some researchers have used convenience samples, which more often than not involve college students (Stoltenborough et al, 2011). However Goldman and Padayachi (2000) argue that this sampling procedure may result in lower prevalence as they suggest that the psychological impacts of sexual abuse may result in fewer survivors attending college. Amongst those that use random samples, such as national telephone surveys, there is disagreement about how to sample populations. Many pieces of research have used adult samples with recollections of childhood abuse (Bolen & Scannapieco, 1999; Gorey & Leslie, 1997; Pereda et al, 2009; and Stoltenborough et al, 2011). Others have argued that this method relies on memories of events that may have changed in the interim and have chosen to use samples of adolescents (Barth et al., 2013; Finkelhor et al. 2014). These researchers' sampled teenagers aged 14-17 and questioned them about experiences of sexual abuse. However it has also been found that many incidents of sexual abuse have been successfully repressed and not remembered until the survivors are older and sometimes in middle to late adulthood (Finkelhor et al., 2014;

Crowley, 2007). Therefore although these youth samples are closer to the age at which the incidents may have occurred there may still be memory issues that impact the prevalence rate.

Sampling questions present another issue for prevalence. Briere and Zaidi (1989) found that when psychiatric emergency room personnel were encouraged to ask all patients specifically about childhood victimization the rates of presentation increased eleven-fold from previous randomly selected chart analysis. A second piece of research by Lanktree, Briere and Zaidi (1991) looked at randomly sampled charts from a group of clinicians, either with or without sexual abuse specific training, and found that the charts of the sexual abuse trained clinicians had similar rates of gender, age, race and family stressors but significantly higher sexual abuse prevalence: 31 percent versus 6.9 percent in non-trained clinicians. It could be argued that the emergency room personnel and clinicians that have been specifically trained to look for sexual abuse will bias the results. However it could also be argued that the cases would have existed either-way and that specific questions were required to facilitated disclosure (Becker-Blease & Freyd, 2006). It is also possible that the number of CSA survivors was higher than reported with some clients struggling to disclose even when specifically questioned at assessment.

Another impediment to prevalence accuracy is the issue of CSA definition. The UK Sexual Offences Act, 2003, does not have any overall definition of sexual abuse but rather deals with a series of specific acts including; 'rape', 'penetration' or 'sexual assault' of a child under 13, and 'causing or inciting a child under 13 to engage in sexual activity'. 'Sexual Activity' by a person over the age of 18 with a child evidently under the age of 16 is left open to defence regarding the offenders knowledge that the child was under 16. Within the research, child sexual abuse has also been given a variety of definitions that have significant impacts on the prevalence (Peters, Wyatt and Finkelhor, 1986; Walker, Carey, Mohr, Stein & Seedat, 2004).

Variations among the definition include aspects such as with or without penetration, the age of the survivor at the time of the abuse and the age of the perpetrator.

Peters, Wyatt and Finkelhor (1986) found prevalence rates from a variety of studies showed between 3 percent and 30 percent of males had experienced sexual abuse. Rates among females were found to be double that of males in many studies. The explanation for the difference is suggested by some researchers to relate to lower numbers of sexual crimes against males (Garnefski and Diekstra, 1997). However others suggest that it is due to lower reporting rates amongst males (Finkelhor, 1986; Vandermeij, 1988). Finkelhor (1994) looked at international figures from multiple international studies. He found that the prevalence was at least 3 percent for males but that in some countries is ranged as high as 29 percent (South Africa). This comparative study demonstrated the international relevance of the problem and spurred further research looking at international prevalence. In 2011, Stoltenborgh, van Ijzendoorn, Euser and Bakermans–Kranenburg conducted a comprehensive meta-analysis of CSA prevalence around the world, looking at the various pieces of research that had been completed since 1980. They found that boys from low-resource countries demonstrated higher prevalence of sexual abuse. They reported a combined prevalence for males of 7.6 percent.

Dhaliwal, Gauzas, Antonowics and Ross (1996) looked at male specific survivors of sexual abuse within the prevalence studies to date. Similarly to Finkelhor (1986), Dhaliwal, Gauzas, Antonowicz and Ross (1996) found that prevalence rates for males ranged from 2.8 percent to 36.9 percent. They also explored some of the clinical evidence to explain the smaller prevalence rates amongst males. They noted the influence of a patriarchal society and the expectation of males to be sexual aggressors, leaving no room for a male victim or survivor narrative (Johanek 1988, Nasjleti, 1980). They list outcomes of this patriarchal culture as perceiving male survivors as feminine-like male (Finkelhor, 1984, Nasjleti, 1980), as the instigator of the abuse (Johanek, 1988), or as homosexual (Nasjleti, 1988). These shall be

explored further in 1.2.3. This societal influence is not conducive to survivor disclosure, particularly to strangers in the form of a survey. It is also important to consider that disclosure in a survey requires one to self-identify as a CSA survivor, with all of the associated ramifications.

Under-reporting does not appear to be isolated to childhood sexual trauma. Pino and Meier (1999) looked at the gender differences amongst adult rape reporting. However they consistently found that men under-reported rape when it threatened their masculine identity. Davies (2002) conducted a meta-analysis on male rape and found that prevalence represented a complicated issues for rape as well as CSA. She noted that under-reporting and clinician/police perceptions of male rape impacted prevalence (Davies, 2002; Mezey and King, 1989).

Within the UK, research into CSA prevalence has been unfortunately sparse, and sometimes only focused on female survivors. Oaksford and Frude (2001) looked at female college students and found a prevalence rate of 13.14 percent. However male students were not surveyed and this research would be impacted by the issues inherent in sampling within a college student body noted by Goldman and Padayachi (2000). May-Chahal and Cawson (2005) looked at both males and females randomly sampled throughout the UK. They found an 11 percent prevalence of overall sexual abuse of boys in their sample of under 16yr olds. The gender difference noted by the researchers was similar to that noted in international research with 6 percent of males reporting contact sexual abuse, while 15 percent of female reported it. The research methods could be considered to be of a high standard, the methodology involved random sampling across the population and sensitive face-to-face interviews with trained interviewers. However it is possible that the number of males may still be under-estimated due to the gender difficulties with disclosing, mentioned above. More recent research from Radford, Corral, Bradley & Fisher (2013), who previously conducted a

childhood maltreatment survey for the NSPCC in 2011, conducted a random sample of 50,000 households across Britain and interviewed 2,160 parents and 4036 children and young adults (<24). Within the sample 48.4 percent identified as male. The researchers reported a 3.7 percent prevalence of reported sexual abuse in childhood for males. Again these figures may not represent the full picture, for either males or females. The data was gathered within the homes of the participants and this may have inhibited disclosure.

Despite the difficulty in establishing accurate prevalence for male survivors the consistent findings of the research on prevalence demonstrated that there are a significant number of male survivors of CSA. It is important to explore further those who have written about the experience of CSA from the male perspective in understanding these prevalence findings and the potential experience of the male survivor in therapy.

### **1.2.2 – Outcomes of Abuse for Male Survivors**

Another area of focus within the field of childhood sexual abuse literature is the outcomes for those who have experienced this type of trauma. Many researchers within the field of psychology and psychiatry have looked into this area. Similarly to the investigations around prevalence, there has been significantly more literature about female survivors than about male survivors. However there have been a number of papers that look at CSA outcomes for male survivors or comparing outcomes for male and female survivors.

Finkelhor et al. (1990) noted that CSA outcome studies may not adequately represent differences based on gender and that many CSA outcome studies were focusing primarily on the affective realm and in so doing may be prioritizing female survivors, due to gender stereotyping. In 1993, Violato and Genius pointed out that the literature on CSA was ‘tenuous, conflicting and ambiguous’ on the subject of gender differences. There were subsequently a series of studies that looked at the difference between male and female CSA

outcomes. Some research showed little or no significant difference on scores of the Trauma Symptom Checklist (“TSC”) (Briere, Evans, Runtz & Wall, 1988; Heath, Bean & Feinauer, 1996; and Roesler & McKenzie, 1994). However it would be reasonable to question whether a standardized questionnaire such as the TSC can adequately measure the multifaceted impacts of sexual abuse.

The impacts of CSA are wide ranging. A review by Kendall-Tackett, Williams and Finkelhor (1993) reported that “[t]here is virtually no general domain of symptomatology that has not been associated with a history of sexual abuse” (p.173). Researchers have explored the various suggested impacts and emphasized how sexual abuse impacts childhood development and has long-term effects on a male survivor’s physical, psychological, social and spiritual health (Andrews, Corry, Slade, Issakidis, & Swanston, 2004; Hunter, 2006; Putnam, 2003; Spataro, Moss & Wells, 2001). Some research suggests that these impacts can be mapped across the lifespan (Draper et al., 2008; Talbot et al., 2009).

A significant number of researchers have looked to correlate the degree of mental distress and trauma symptoms with various aspects of the abuse. Some researchers have found that aspects of the abuse such as penetration (Briere and Elliott, 2003; Cutajar et al, 2010; Dube et al, 2005; Hodges et al., 2013; O’Leary & Gould, 2009) and the forcefulness of the abuser (Molnar, Buka, & Kessler, 2001) were linked to higher instances of negative outcomes, including relational outcomes. These types of correlation and factor relationship investigation present an opportunity for a greater understanding of the abuse factors that underlie the variance of outcome seen in sexual abuse, with a possible consequence of better and more targeted treatment recommendations. However this research approach can be criticized as somewhat reductive as it requires a medicalization of the experience and risks undervaluing some of the individual processes and meaning-making variables that constitute the CSA survivor’s own perception of their experience and its outcome, which were also highlighted as

essential by Briere (1992). The current research has adopted a qualitative and idiographic approach, as will be discussed in chapter 2, and so in line with the epistemological position, lengthy exploration of detailed cause and effect investigations would appear to be inappropriate for this literature review.

One technique applied in the research of outcomes is comparing multiple medical or police records in order to make comparisons. One frequently cited example of this is the 2004 paper by Spataro, Mullen, Burgess, Well and Moss looking at the impact of childhood sexual abuse on mental health. However there are a number of issues with this method and this research that are important to consider. In a similar way to multiple others (e.g. Deblinger, McLeer, Atkins, Ralphe & Foa, 1989; Cutajar et al., 2010; Siegel & Williams, 2003), the research by Spataro et al (2004), published in the British Journal of Psychiatry, took its sample from historical case reports of CSA. They then cross referenced this with medical records for the same individuals. The technique of cross-referencing databases has some advantages but it could be argued there are also methodological issues. This technique allows researchers to access larger samples of participants who might not otherwise come forward with their information. However the data examined by Spataro et al (2004) may be skewed as it eliminates all cases of individuals who did not report their sexual abuse during their childhood. There does not appear to be any effort to contact the individuals included in these methods and therefore, although the research lists a large sample of 1612 children, these individuals have not given explicit consent for their inclusion in this research and also cannot give any other, potentially significant, information which may have necessitated their exclusion or which could have been considered in the research (e.g. undocumented family history of mental illness etc). The research by Spataro et al (2004) defines mental health as whether or not the individual has received, and been treated for, a diagnosis. However it could



be argued that mental health outcomes are much more complex and nuanced than necessarily can be captured simply by the presence or absence of a diagnosis.

Medical record cross reference studies, such as that of Spataro et al (2004), can provide very interesting and useful information which adds to the literature on sexual abuse. However it may be important to note the limitations of research of this kind. Qualitative research that explores the complexity of the survivor experience, such as that of Grossman, Kia-Keating, Sorsoli and Epstein (2005, 2006, 2008, and 2010) gives rich and individually significant information about the experience of being a survivor of sexual abuse and the outcomes. However the results cannot be as easily generalized as those of wide ranging quantitative work such as that of Spataro et al (2004). Nonetheless this researcher would question some of Spataro et al's basic assumptions; that a diagnosis or report gives sufficient information and that individuals can largely be minimized to their medical records. A piece of quantitative research that appeared to meet the criteria of being larger scale and generalizable while also respecting the experience of the individual was that of O'Leary (2009).

O'Leary (2009) looked at outcomes for male survivors of CSA within the areas of coping strategies and psychological functioning. O'Leary looked at 147 male survivors and compared them with a community sample of 1231 men, gathered during work on suicidality and traumatic events (Goldney, Wilson, Grande, Fisher & McFarlane, 2000), as a control group. The participants were asked detailed questions about abuse and coping, along with a standardized test (GHQ-28) to examine health and well-being. O'Leary showed that male survivors in his research were experiencing higher levels of clinical psychopathology and were 10 times more likely than the community sample to suffer from PTSD. However he noted the limitation that the male CSA survivors in his research were gathered from support services and therefore may not represent all male CSA survivors. O'Leary proposed that certain coping strategies, such as "instrumental social support" and "positive reinterpretation

and growth,” were consistent with better psychological functioning, whereas ‘emotional social support,’ was listed amongst the factors that contributed to higher levels of PTSD.

O’Leary notes that the difference between ‘instrumental’ and ‘emotional’ social support might be the difference between the expert social interventions of a therapeutic engagement and the emotional reactions of friends and family after disclosure. This would appear then to point to the importance of the therapeutic ‘social support,’ or relationship as connected to more positive outcomes.

In 1984, Finkelhor and Brown conducted a meta-analysis of the research on the impacts of child sexual abuse and although much of the research at that time was primarily on female survivors the outcomes were interesting. Following on from this, Finkelhor and Brown (1985) developed a model for the impacts of CSA. They divided the impacts into four ‘traumagenic dynamics’; traumatic sexualisation, betrayal, powerlessness and stigmatization. They argue that although many of these dynamics can be associated with other forms of abuse, it is their combination in CSA that leads to the unique impact of sexual abuse. The significance of the dynamics lies in their impact on the child’s ‘cognitive and emotional orientation to the world.’

It is particularly interesting to note that all of the four traumagenic dynamics impact on relationships. Traumatic sexualisation impacts sexual relationships, betrayal would have a significant impact on trust, powerlessness from the trauma would impact future perceptions of power dynamics within relationships, and stigmatization appears to impact the survivor’s experience of how others view them which would also impact the relational space. Of particular interest to the current research is how betrayal, powerlessness and stigmatization could impact the therapeutic relationship.

Subsequent research has also connected a history of CSA to marital dissatisfaction or divorce (Cherlin, Burton, Hurt & Purvin, 2004; Colman and Widom, 2004; Holman, 2001, Mullen, Martin, Anderson, Romans, & Herbison, 1994; Walker et al, 2009). Walker, Holman and

Busby (2009) looked at the impact of CSA on adult relationship quality for male and female survivors. They also looked to account for other non CSA specific forms of childhood abuse or neglect which might also lead to relational outcomes that are not CSA specific. Walker et al used a sample that was an extensive group of the general population gathered over 8 years, of whom 22 percent (female and male) reported a history of CSA. They were able to demonstrate a direct relationship between CSA and adult relationship quality. They also demonstrated that the presence of other forms of childhood abuse and neglect correlated with each other and that the relationship between childhood experiences and adult relationship quality appeared to be influenced heavily by levels of depression and emotional flooding. Both of which are issues for therapeutic intervention. Therefore it might be posited that individuals with higher levels of relationship difficulty could benefit from therapy but would perhaps struggle with these emotional difficulties in therapy.

A number of researchers have explored outcomes that are more common amongst male survivors. Some of them are cause for concern and highlight the importance of research in the area of male sexual abuse survivors (e.g. higher suicidality). Garnefski and Arends (1998) suggested that male survivors are significantly more likely to exhibit aggressive or criminal behaviours, drug or alcohol use and suicide attempts. Research comparing levels of depression amongst males who had a history of CSA found they had significantly higher levels of depression when compared to non-abused males, and also a higher incidence of previous suicide attempts (Bagley, Wood & Young, 1994; Briere et al., 1988; Ratican, 1992). Some large scale studies demonstrated a significantly higher incidence of suicidality amongst male survivors than female survivors (Garnefski and Diekstra, 1997; Gold et al, 1999). Martin, Bergen, Richardson, Roeger and Allison (2004) specifically looked at gender differences in suicide with a history of sexual abuse and found that male survivors showed higher levels of suicidal thoughts and attempts (55% vs 29% of female survivors). A recent

meta-analyses of studies of CSA and suicidality in male and female survivors by Devries et al (2014) revealed evidence of a causal link between CSA exposure and suicidality and particularly when looking at twin studies which reduce interference from genetic pre-disposition. Denov (2004) conducted qualitative research on male and female survivors of female perpetrators and found high levels of depression and suicidality in both sexes. She noted that depression, self-harm and suicide ideation and attempts represented a significant part of the reported experience of outcomes.

It appears then that male survivors face significant outcomes which put them at higher risk for psychopathological difficulties as well as some more risk outcomes such as criminal behaviour, drug abuse and suicidal behaviour. It has also been noted that there are significant relational outcomes for male and female survivors that can be long lasting. It has also been argued that males may suffer from certain outcomes more than females. Therefore it is important to look at the literature that explored the experience of being a survivor of CSA from a gendered male perspective.

### **1.2.3 – Male gendered experiences of CSA**

The literature around male survivors is significantly smaller than that of female survivors which has led many to refer to male survivors as ‘unheard victims’ (Lowe & Balfour, 2015; Corbett, 2016). The following section aims to look at some of the literature around the unique male experience of CSA and to explore some of the ways in which male survivors differ from their female counterparts, with implications for therapy.

The gendered experience of the male CSA survivor has been written about and studied by a number of writers (Alaggia & Millington, 2008; Briere, 1989; Dimock, 1988; Hopton and Huta, 2013; Gartner, 1994 – 2000; Grossman, Sorsoli & Kia-Keating, 2006; Kia-Keating, Grossman, Sorsoli & Epstein, 2005; Kia-Keating, Sorsoli & Grossman, 2010 2008; Lew,

1988, 2004; Mendel, 1995) and a number of individual and cultural differences have been noted by them to impact the male survivor differently from his female counterpart.

Writers, researchers and male survivors themselves have expressed that their experiences and reality is often dismissed or minimized (Dhaliwal et al, 1996; Gill and Tutty, 1999; Lisak, Hopper & Song, 1996). Finkelhor (1984) wrote about a lack of research in the area that perpetuates the misconceptions that (i) males are rarely abused or less likely than female and (ii) males welcome prepubescent sexual relationships. Sepler (1990) wrote about 'the feminization of victimization' where gender stereotypes of male as oppressor and female as victim are perpetuated. This not only serves as a disservice to empowered female survivors but also inhibits male survivors from speaking out about their abuse for fear that they will be viewed as feminine or dismissed completely. A study by Richey-Suttles and Remer (1997) on psychologists' attitudes towards adult male survivors found that many psychologists with 'traditional beliefs' were more likely to blame male victims for their abuse. This followed research by Dhaliwal et al (1996) which noted that male survivors frequently experienced mental health professionals as reluctant to deal with their abuse history, as tending to deny/downplay the negative impacts or even deny its existence altogether. A number of researchers have looked at the opinions of rape victims within the UK population relative to variables such as age or victim or gender of perpetrator (Hatton and Duff, 2016). However research by Davies, Rogers and Whitelegg (2009) looked at perception of victim blame relative to victim gender and sexuality in adolescent sexual abuse. They found that responders attributed higher levels of blame to male than female victims and also higher blame to homosexual victims. It appears that biases and misconceptions within the professional and general community contribute to a situation where male survivors may not feel supported or encouraged to disclose or seek help.

Lew (1988) wrote that ‘our culture provides no room for a man as victim’ and Crowder (1995) pointed out that there is no mythology of male victimization for young men to draw on. Lisak et al (1996) looked at a sample of college age survivors and noted that many of the men were trapped within a cultural stereotype that only allowed them to be ‘in control,’ and powerful and therefore passively and actively denied their experience of being a victim. Western standards of masculinity were identified by Levant (1992) as a code; restrict emotions, avoid being feminine, focus on toughness and aggression, be self-reliant, make achievement the top priority, be non-relational, objectify sex and hate/fear homosexuality. Research by Gill and Tutty (1999) looked at the experiences of male survivors and identified ‘Non-acceptance of male sexual abuse’ as one of three main themes of their lived experience. Romano and DeLuca (2001) conducted a review of the recent literature on male sexual abuse and outlined a number of socialization factors that impede males from disclosing their abuse histories. They also listed an encultured belief that it is unmanly to seek help, the perception that the abuse occurred because of weakness and vulnerability within the males themselves (Lisak, 1994) and the belief that disclosure may evoke fears of being perceived as homosexual (Gartner, 1999, 2000). Therefore it appears that the cultural expectations for masculinity contribute significantly to a situation where men struggle to come forward for help or treatment.

For the male survivor, therefore, one challenge that appears unique to their gender is overcoming the incongruence between their identity as a survivor of sexual abuse and the sense of masculinity as a socially constructed self-concept. A number of writers have explored how definitions of masculinity preclude concepts such as fear, helplessness, vulnerability or asking for help (Alaggia, 2005; Dimock, 1988; Hunter, 1991; Hopton and Huta, 2013; Kia-Keating et al, 2005; Lisak, 1994) all of which are require for engaging with the therapy process.

Gartner (2000) notes how many masculine gender self-concepts could be categorized as ‘dis-

identifying from qualities of femininity.’ He argues that this may originate in a young boy’s need to define himself as different from his mother, with whom he would have identified in his infancy. However this situation is complicated further when a young boy is abused.

Gartner points to the confusion of trying to identify with the gender of the perpetrator if the abuser was male. If the abuser is female, however, this desire to dis-identify with female-ness may be amplified even further. As previously discussed, this is further complicated by the concept of victim as being considered socially akin to being feminine.

Hopton and Huta (2013) wrote about the impact of gender strain (Pleck, 1981, 1995) related to victimization. They point to the fact that many young boys and men are sexual abused at a time (c. 9/10 years old) when they are starting to engage with gender norms and therefore the conflicts between traditional male gender expectations and their feeling of victimization is compounded. This was also referred to by Lisak (1995) as ‘toxic amplification.’ Lisak noted that male survivors may feel significantly hindered in their gender identity development as a result of this gender strain.

Kia-Keating, Grossman, Sorsoli and Epstein (2005) looked at how resilient male survivors experienced standards of masculinity. They interviewed 16 adult male survivors with complex trauma histories, who would self-identify or be described by their therapists as resilient and successful in at least one area of life. Their experiences of societal standards or masculinity are not only contrary to their experiences of sexual abuse but Kia-Keating et al describe how the men must negotiate this incongruence as part of their recovery process. Among the themes identified from these survivors were ‘containing and resisting notions of masculine toughness and stoicism.’ Their toughness provided the males with an aggression that could connect them with a ‘masculine identity,’ but also simultaneously with their abusers.

Anger appears to be one of the more complex outcomes of the abuse listed in the research. Males interviewed by Kia-Keating et al (2005) found it both helpful to channel their anger but also potentially dangerous. Many noted a feeling of needing to control an anger that if unleashed was described as completely destructive. Standards of stoicism within male gender stereotypes were seen as something that encouraged the survivors to avoid disclosing or discussing the abuse and its emotional outcomes. This resulted in a sense of deep isolation and disconnection for the survivors that they only addressed through connection and trusting relationships. Kia-Keating et al (2005) emphasize the importance of addressing this in a trusting therapeutic relationship where men can really connect with their vulnerability and complex emotions as well as deconstruct their own masculine identity and renegotiate the elements that work for their recovery.

Male survivors are forced to deal with stereotypes and misconceptions regarding how their experience of CSA reflects on their character as part of their meaning-making and understanding of the abuse (Gartner, 2000; Grossman, Sorsoli and Kia-Keating, 2006). Grossman et al (2006) explored some of the ways in which male survivors engaged in meaning-making around the abuse. They conducted in depth interviews with 16 male survivors. In terms of meaning-making they identified three main forms; actions, cognitive, and spirituality. The largest group was that of cognitive meaning-making and the researchers emphasized the impact of the male survivor's therapy experiences in facilitating therapeutic meaning-making and reducing feelings of self-blame and shame. Alaggia and Millington (2008) also looked at male survivors' experiences of abuse and meaning-making as children and adults. They identified that as children meaning-making appeared to range from denial to a feeling of specialness. However, as adults, male survivors experienced significant anger and rage, ambivalence and loss. They also highlighted the resilience that was demonstrated by the male survivors in making sense of their experiences.



#### **1.2.4 – Masculinity and Sexuality for the Male CSA Survivor**

Some male survivors may also struggle with aspects of their sexuality. Gartner (2000) explores in detail the experience of a young man who has been sexually abused by another man. He describes a complex interplay between gender identity, sexuality and identity as a survivor as well as the experience of exploring these in therapy. Archaic depictions of homosexuality and homophobic narratives contribute significantly to the struggle of the male survivor. Fears about being perceived or stereotyped as homosexual have been linked to the difficulty that many male survivors experience when disclosing (Gartner, 1999; Spiegel, 2003; Alaggia, 2005). Nasjleti (1980) writes about the overlapping of gender and sexual identity. She used a group of self-identified young male survivors of incest and explored their reasons for delayed reporting as well as their experiences of societal stereotypes. She identified a strong link for the male survivors between the identity of victim and that of being female or ‘sissy,’ which she identified as having homosexual overtones due to the connector of being penetrated. She highlighted the sexual connection that men must be seen as active rather than passive and impenetrable in order to be considered masculine. Therefore being a heterosexual male and a CSA survivor are viewed as contradictions in terms.

Another complication for survivors when exploring their own sexuality post-abuse is the question of why they were chosen by their perpetrator (Gartner, 2000). Some survivors may consider that the perpetrator saw something in their behaviour which implied homosexuality (Nasjleti, 1980; Finkelhor, 1984; Lew, 1988; Dimock, 1988). Young straight men may considered their abuse as a sign that they were exhibiting homosexual tendencies and then question their sexuality or feel increasingly negative about homosexuality from a position of insecurity in their heterosexuality (Gartner, 2000; Sepler, 1990; Struve, 1990). The issue is complex within the research as there are statistics suggesting that men with histories of abuse and who currently identify as homosexually oriented are more likely to have had a male

abuser (Simari and Baskin, 1982; Finkelhor, 1984, Mendel, 1995). It may be that survivors are aware of these generalizations and fear being sexually labelled if they come forward.

However this misconception does not appear to be supported by the research on childhood sexual abusers (Groth and Oliveri, 1989). Guay, Proulx, Cusson and Ouimet (2001) argued that context and opportunity influence abuser preferences significantly and therefore victim choice may reflect more on the perpetrator and their desire or opportunity to commit the crime than on the victim.

In the exploration of 'containing and resisting,' masculinity for male survivors, Kia-Keating et al (2005) found that participants who identified as homosexual or bisexual had significant struggles with the exploration of masculinity after being abused. They noted these men had difficult relationships with fathers who may have rejected their son's sexuality or perhaps made attempts to change their sons in a punitive way. This conditional love from fathers may interact with the conditional love experienced from perpetrators and lead to relational complications when exploring romantic relationships and their concept of themselves as masculine without needing to be aggressive (Kia-keating et al, 2005).

A small study by Gilgun and Reiser (1990) looked directly at the development of sexual identity for male survivors of childhood sexual abuse. They suggested that men who have been abused by men feared that they were homosexual and those who were homosexual feared that the abuse had contributed to their sexuality. It should be noted that the study only included 3 men. However the difficulties identified by the men involved in that research appear to be reflected by other writers (Gartner, 2000; Lew, 2004). Lew explored this subject and the experience of the survivors within his workshops. He confirms the assertion of Gilgun and Reiser (1990) that homosexual CSA survivors frequently fear that their sexuality was a result of their abuse. However he also notes that the subject of a sexual identity (be that

hetosexual, homosexual, bi-sexual etc) can be a difficult one to engage with as a survivor of CSA when all sexual acts may be unconsciously associated with the abuse.

The literature confirms that the experience of being a male survivor of CSA is a highly complex one. Therefore in this research I consider the impact of CSA outcomes- as they manifest in identity, sexuality, emotional experience and cultural expectation- within the therapy space and the relationship of trust.

### **1.2.5 – Childhood Sexual Abuse and Relationship/Trust**

In terms of the relational outcomes of CSA, a number of important papers have influenced my understanding on the subject. As research in the area is somewhat limited it is necessary to draw also on research from female survivors.

Liang, Williams and Siegel (2006) looked at the relational outcome of female survivors in a longitudinal study. They also paid particular attention to the protective factor of maternal support which may indicate the survivor's attachment style. To achieve this they looked at the intimate or marital relationships of 136 women, 83 percent of which were African American. Loss of trust, as result of CSA, was of interest to the researchers as it was considered as a key element of an intimate relationship and they considered that the loss of it would weaken attachment to others (Styron & Janoff-Bulman, 1997). The researchers also used an interview data collection method. The participants were recruited as part of a longitudinal investigation that started between 1973 and 1975 when girls who reported to the emergency room of a particular hospital in America were recruited for interview. These same women were then approached 15-19 years later and asked if they wished to participate in this research. This recruitment technique added to the research validity as it meant that the researchers had access to childhood accounts of maternal support and abuse rather than remembered accounts of each. They noted that many of the women were very young when they engaged in both

consensual sex (70% by the age of 16) and marriage (61% by the age of 22). The women also completed a number of measures; a maternal attachment scale developed by the researchers, and the 'TSC,' (Trauma Symptom Checklist, Briere & Runtz, 1989) with items added to measure marital satisfaction and status. Their results indicated that CSA trauma severity had a significant impact on marital satisfaction with no significant impact from maternal attachment. However even in instances of CSA that were experienced as highly traumatic, maternal attachment demonstrated a buffering effects against subsequent symptoms. Another interesting finding was that those with poor maternal attachment were more likely to enter in marriage, however this is also reflected within the research on non-CSA survivors of unsupportive home lives (Amato & Kane, 2011). The buffering effect of maternal support on interpersonal symptoms of CSA was particularly relevant to the current research. It would be important to consider if the caring impact of a therapist could function to address issues of attachment and provide consistency similar to a maternal support relationship, therefore leading to changes in interpersonal symptomology.

Research from Walker, Holman & Busby (2009) explored the relationship between CSA and adult relationship quality. Walker et al. also stressed that the relational outcomes of CSA may be mediated by other childhood stressors that can be found in the homes of some CSA survivors. To do so, Walker et al. took a cross-sectional data from 15,831 individuals who had completed the RELATE Evaluation and looked at a number of factors; childhood violence, childhood stressor (mental illness, alcoholism or drug use, medical or physical injuries and financial difficulty in the home) and then looked at the relationship with adult depressed mood, emotional flooding during conflicts and adult relationship quality. The research was relevant as it demonstrated a significant relationship between CSA experiences and adult relationship quality. It also demonstrated that the level of emotional flooding during conflict was a more significant mediating factor than depressed moods in adult survivors. This is of

particular interest as it is an area that could directly impact therapeutic relationships as well as an area for intervention within the therapeutic relationship.

Kia-Keating, Sorsoli & Grossman (2010) wrote about the relational challenges in the recovery process for 16 male survivors by interviewing men on the subject of the relational impact of their CSA history. The interviews were analysed using grounded theory and covered areas such as family history, past and current symptomology, healing and recovery process (including therapy experiences) and perceptions of their resilience. The themes that emerged from the research were around childhood and adult relational difficulties, relational recovery, helping others, relational management and finding safe relationships (including psychotherapists). The relational work within therapy is discussed by several participants, particularly in the areas of finding safe relationships and relational management. However as therapeutic process was not the main focus for these researchers, the comments about therapists that are provided are insightful but the researchers do not delve further into this experience.

One area of particular interest for the current research was the theme of “learning to trust” (p.677). Here the men discussed their difficulties with trusting other and having to ‘relearn to trust.’ They noted that for many survivors the therapist, or some other health care professional, were their first experiences of a trusting relationship. One participant in particular (Burt, p.678) notes that this development of trust within his therapeutic relationship was an essential roadmap from which he could begin to build trust in other relationships. The current research aims to develop this further and explore that experience within therapy.

Middle and Kennerley (2001) compared therapeutic relationships between CSA survivors and non-abused clients. The study only recruited women and there were 17 each of survivors and non-abused. The clients were asked what was important about the relationship they had with

their therapist. The interviews were guided by the participants and analysed using grounded theory. A number of themes were identified and categorized by the researchers. Important themes that emerged were around the structural characteristics of the therapy (such as boundaries); the therapeutic techniques (such as sharing the formulation); the client's perception of the relationship (59% of the CSA spoke about trust as opposed to only 5% of the non-abused group) and how the therapist made the client feel (82% of the abused group emphasized feeling accepted and not judged vs 59% of the non-abused group). The researchers also noted some aspects that were only mentioned by the CSA group which were; being believed, therapists commitment and the therapist not showing negative reactions. These items are particularly interesting for the current research as they are all closely related to trust. One significant difficulty with this study was the lack of male participants and the current study aims to provide a male perspective on the issues raised.

Yarrow and Churchill (2009) looked at counsellors' and psychologists' experiences of working with male survivors of sexual abuse in the UK. They conducted an interpretative phenomenological analysis of 32 practitioners working with male survivors in the NHS. They identified 6 important themes covering the experience and two of these related directly to the relationship; 'the importance of the relationship,' and 'transference/counter transference.' The importance of the relationship was one of the largest themes to emerge and contained sub-themes around 'believing client,' 'containment,' 'importance of reparative relationship,' and 'establishing trust.' The current research would aim to extend the work of this research by exploring some of these experiences from the view point of the male survivor.

Therefore it would appear that the therapeutic relationship and safe relationships that can impact attachment style play a significant role in the relational outcomes of male and female survivors and the experiences of female survivors in therapy. Counsellors and psychologists have also identified that the therapeutic relationship plays a significant role for male CSA

survivors in therapy but to date there does not appear to be phenomenological research looking at the relationship from the position of male CSA survivors.

### **1.2.6 – Treatment of Male Survivors of CSA**

The current research is focused primarily on the experience of male survivors and therefore does not aim to review treatment methods or specific techniques as this would divert the focus to the perspective of professionals working with this group. However as the research is specifically focused on the therapeutic experiences of male survivors, it would appear appropriate to reflect briefly on the treatments that survivors can experience.

The NICE guidelines do not appear to include recommendations for the treatment of adult survivors of sexual abuse, although they have detailed guidelines in progress to address child abuse and neglect in children (NICE 2016). There is a reference to ‘history of CSA’ under the guidelines for PTSD, with the recommendation for 8-12 session of trauma focused CBT or EMDR (CG26: NICE 2005), and NICE also provide links in their evidence search to a book on counselling adult survivors (Sanderson, 2006). Sanderson (2006) provides a detailed and comprehensive exploration of some of the issues for counselling with CSA survivors but does not address issues that are specific to male survivors.

There are a number of books covering the treatment of male survivors with detailed guidelines (Crowder, 1995; Hunter, 1995), case-studies (Corbett, 2016; Gartner, 1999) and books aimed at survivors and practitioners (Lew, 1988, 2004; Gartner, 2005). Psychotherapy is the primary treatment discussed and all of these writers emphasize the importance of the counsellor-client relationship and the issues that can arise in that relationship when working with sexual abuse. Nelson’s (2009) review of the care needs of male survivors in Scotland also highlighted counselling, with a counsellor that could be trusted, as the most valued treatment.

### **1.3 – The importance of therapeutic relationship and trust**

Trust is the “confidence that [one] will find what is desired [from another] rather than what is feared.” (Deutsch, 1973, p.148)

The importance of the therapeutic relationship and its impact on therapy appears to be an ever evolving concept within psychotherapy. Psychodynamic writers have explored the relationship through the exploration of the transference-countertransference and although different schools take different approaches as to the contribution of the therapist or client there appears to be some consensus about the importance of addressing the ‘here and now’ that is occurring between the client and therapist (Lemma, 2003, Joseph, 1985; Heimann, 1950). Contemporary psychoanalysts have explored the relationship as an intersubjective third that is contributed to by both the client and therapist (Aron, 2006).

Within humanistic approaches, Rogers (1951) emphasized the relationship as the central aspect of change with his core conditions. Contemporary humanistic writers have emphasized the importance of relational depth, which relates to moments of connection between therapist and client (Mearns and Cooper, 2005). Research into cognitive behaviour therapy has also emphasized the importance of the relationship (Keijsers et al., 2000). The collaborative nature of cognitive behaviour therapy facilitates a relationship dynamic to the work and empowers the client (Grant and Townend, 2010). Work to integrate modalities in the 1970s and 1980s lead to greater interest in common factors, of which the therapeutic relationship and working alliance were key (Horvath, Del Re, Flückiger & Symonds, 2011, Imel and Wampold, 2008).

Meta-analyses on the correlation between working alliance and outcomes suggest that it represents a relatively small proportion of total variance (.21-.28). Nevertheless, the authors point out that working alliance in combination with therapist effects represents ‘one of the



strongest and most robust predictors of treatment success’ (Horvath et al. 2011, Horvath 2005).

The concept of trust has been studied within the areas of philosophy, psychology, sociology, political science and economics (Ostrom and Walker, 2003) to name but a few. However within the field of psychology research on the area of trust remains limited (Simpson, 2007). Earlier studies in the area of trust approached it from the point of view of the individual (Deutsch, 1973). However from the 1980s onwards psychological research and writings on trust have looked at trust more as a flexible construct that occurs between two individuals (Holmes & Rempel, 1989).

Simpson (2007b) has written about a dyadic model of trust as something that is impacted by both individuals involved in a relationship, their backgrounds, their commitment to the relationship and their performance in what he calls ‘strain tests’ (situations where one person’s self-interest contradicts the other’s, but one individual chooses to forego their own interest for the other). He notes the impact of attachment in this process. He notes that those who are insecurely attached, have poorer self-esteem or are less differentiated in terms of self-concept trust others less (Simpson, 2007a). Considering the literature around the long-term impacts of CSA on self-esteem as well as attachment (DiLillo, 2001; Riggs & Kaminski, 2010) the connection between CSA and issues of trust becomes more substantive (Pearlman and Courtois, 2005)

### **1.3.1 – Trust within the therapeutic space**

Research on the area of trust within and outside the counselling relationship has also emphasized the attachment of the individuals involved. The concept of epistemic trust has emerged meaning a trust in the authenticity and personal relevance of interpersonally transmitted information (Wilson & Sperber, 2012). Epistemic trust within the counselling

relationship would therefore be important so that the client feels that the practitioner is authentic and genuinely looking out for the client's best-interests.

Fonagy and Allison (2014) write about the connection between mentalizing and epistemic trust. Mentalizing, being the idea that within the attachment relationship we learn how to understand what the other may be thinking, is therefore, they argue, intrinsically related to epistemic trust in a child's developmental process. However Fonagy and Allison (2014) are writing about borderline individuals, who may have a history of CSA but are not exclusively survivors.

### **1.3.2 – The Difficulty of Trust in CSA**

Research on epistemic trust focuses heavily on the communicative aspects and the development of an epistemic trust unconsciously (Sperber et al., 2010). Sperber et al wrote about the development of children's ability to differentiate who to listen to or trust and referred to it a child's' natural disbelief as 'epistemic vigilance.' The process of communication must then include cues that will lift this vigilance temporarily in order to be engaging for the child (Sperber et al, 2010; Sperber, 2013)

However it has been shown that attachment has a significant impact on the likelihood of this vigilance being lifted (Fonagy & Allison, 2014; Simpson, 2007). Therefore an individual who has experienced grooming followed by traumatic abuse will have had a negative consequence following the development of epistemic trust. It is reasonable to postulate further that such an individual would be significant less likely to respond to cues to lift epistemic vigilance in the future. Allen (2012) noted that developmental adversity, particularly a trauma within an attachment relationship, is likely to cause a profound destruction of trust. Therefore common cues for lifting this epistemic vigilance; feeling heard, information that appears significantly geared to the client, even attempts to mentalize together such as suggested by Fonagy and

Allison (2014) may trigger memories of the original grooming and work against the development of trust within the therapy relationship.

#### **1.4 – Summary**

As highlighted above, much of the previous research in the area of male survivors of CSA has focused initially on prevalence and then subsequently on outcomes. Researchers report a wide estimate range for prevalence of CSA and male survivors between 2.8 percent and 29 percent (Finkelhor, 1986, 1994; Dhaliwal et al, 1996) although the limited research within the UK appeared to show between 3.7 percent and 6 percent prevalence (May-Chahal & Cawson, 2005; Radford et al, 2013). However a number of limitations have been identified which hinder accurate prevalence assessment due to sampling (Goldman & Padayachi, 2000), methodology (Briere & Zaidi, 1989), definition (Browne & Finkelhor, 1986) and under-reporting (Dhaliwal et al, 1996).

Outcome studies have utilized quantitative and qualitative research to explore outcomes and impacts. Significant outcomes have been demonstrated in the areas of mental health (O’Leary, 2009), adult relationships (Walker et al, 2009; Kia-Keating et al, 2010) and risk behaviours such as suicidality (Garnefski & Arends, 1998, Denov, 2004).

Of particular interest to the current research were studies exploring the gendered experience of male CSA survivors. Issues that were highlighted included negative treatment by professionals (Dhaliwal et al, 1996), cultural non-acceptance of male victims (Davies et al, 2009; Gill and Tutty, 1999; Lisak, 1996), conflicts within masculine gender identity and CSA survivor (Gartner, 2000; Kia-Keating et al, 2005) and issues of sexuality (Sepler, 1990; Gartner, 2000). The difficulty for male survivors to disclose and seek help (Lisak, 1994; Alaggia, 2005) as well as the gender strain between cultural concepts of masculinity and CSA

(Hopton & Huta, 2013) contribute significantly towards the experience of the male survivor within a therapy situation for CSA.

Therefore with a view to understanding the therapeutic relationship I explored some of the relational impacts and therapeutic relationship literature. Within the literature for male survivors Kia-Keating et al (2010) identified factors associated with relational outcomes and recovery and they identified safe and trustworthy relationships as an important element in the recovery process. Yarrow and Churchill's (2005) research on working with male survivors highlighted counsellors' perceptions of the relationship and provided insights that contributed to the current research looking at the male survivor's perspective.

Finally, a gap was identified in the literature about male survivor's experience of trust within the therapeutic relationship. However literature on trust as a dyadic experience (Simpson 2007a, 2007b) and epistemic trust and vigilance (Wilson & Sperber, 2012), as well as investigations into trust with borderline clients (Fonagy and Allison, 2014) have contributed to the approach to trust within the current research.

### **1.5 – The Rationale for this Study**

As indicated above, previous work in this area has concentrated on relational outcomes for CSA in male and particularly in female survivors. While the literature on male CSA and relational outcomes was limited, it has provided significant insight into the experiences of a number of male survivors. One of the factors identified as contributing to relational growth by the men in Kia-Keating et al.'s (2010) study and the counsellors in Yarrow and Churchill's (2005) study was safe supportive relationships and development and maintenance of trust.

Research has to date looked at relational experiences in participants daily life and counsellor's experiences within therapy. However there appears to be a lack of interpretative and

qualitative research into the therapeutic relationship in isolation, exploring the subjective experience of the male survivors as they attempt to develop trust and engage with a therapeutic process.

### **1.6 – Aims and Objectives**

This research aims to add to the existing literature on the subject of male survivors and to continue bridging the gap with regards to male survivors' experiences of the therapeutic relationship and trust. Through the use of in depth interviewing with adult male survivors of CSA, it is hoped that this research can contribute valuable insight into the first hand experiences of male survivors under-going a therapy relationship and negotiating the trauma therapy and trust building. The use of interpretative phenomenological analysis will allow for an idiographic depiction of these experiences with a further interpretation with regards to the therapeutic processes being described.

Therefore it is hoped that the research may also identify aspects of the counsellor-client relationship that contribute to or hinder the building of trust as well as an understanding of how male survivors of CSA approach trust within the therapeutic relationship. This may provide useful insights for counselling psychologists and other practitioners working with this group as well as for other male survivors who may recognise aspects of their own experiences in the experiences of the male survivors interviewed. In this way it is hoped to make a contribution to the treatment and understanding of counselling of male survivors of CSA.

### **1.7 – Research Questions**

In line with these research aims, and to explore the experience of therapy for male survivors of CSA with regard to the therapy relationship and trust, the following questions have been identified –

- 1 – How do male survivors of CSA experience therapy?
- 2 - How do male survivors of CSA experience their therapeutic relationships?
- 3 – How, and do, male survivors of CSA experience trust within the therapeutic relationship?

## **2.0 Methodology**

### **2.1- Introduction**

As demonstrated in the literature review, research in the area of sexual abuse has been increasing since Finkelhor's call for research in 1980. Research has been both quantitative and qualitative in nature. I shall explore the benefits of each and then provide the rationale as to why the current research adopted a qualitative, interpretative phenomenological analysis.

#### **2.1.1 - Qualitative or Quantitative**

The difference between quantitative and qualitative research reflects fundamentally different approaches to how we explore our worlds and research phenomena.

Quantitative research draws on the positivist paradigm that the purpose of science is to create explanations between cause and effect (Forrester, 2010). Therefore quantitative research will look at certain qualities of a particular condition or definable characteristic amongst large numbers of people. Researchers approach the subject with a defined hypothesis which is then tested, with an aim to disprove the null hypothesis.

Quantitative research is primarily focused on quantification and correlation relationships with an aim to identify causation guided by positivist theories (Smith, 2008). Objective facts and re-testable measures are the key to quantitative research and these have many significant benefits. Firstly they provide a standard measures which can be repeated and used by other researchers working with similar populations (Groff-Marnat, 2009). These measures are also applicable in clinical situations and the research around the measure provides a standard range, against which clinicians can understand their client's symptomology (Groff-Marnat, 2009). Within the area of sexual abuse, quantitative research has been used to look at prevalence and symptom outcomes (Finkelhor et al. 2014; Briere & Runtz, 1988, Walker,

Archer and Davies, 2005). However there have also been criticism of quantitative measure. Guba and Lincoln (1994) point out several issues with the positivist quantitative approach from an intra-paradigm perspective; context stripping, exclusion of meaning and purpose, and inapplicability of general data to individual cases; and from an extra-paradigm perspective; theory-ladenness of facts, under-determination of theory and interaction of the inquirer-inquired into dyad.

Qualitative research focuses on subjective experiences of individual subjects and therefore cannot be generalized in the same way (Smith, Flowers & Larkin, 2009). Qualitative research does not look to make generalizable claims. Rather than focusing on causation, qualitative research is concerned with understanding (McLeod, 1999, 2001). A pluralistic ethos and non-realist philosophical tradition underpins the qualitative approach (Yardley, 2000). Qualitative research conceptualizes the person as existing within a social and cultural context that influences their meaning making (Faulconer, 2005). This focus on the subjective experience and pluralist ethos lends very well to the current research as it stays loyal to the individual's experience while creating space to view their meaning making within a cultural context.

Qualitative research on sexual abuse has have provided insight into survivors' experiences of areas such as disclosure and recovery (Sorsoli, Kia-Keating & Grossman, 2008; Draucker et al., 2011). Smith and Dunworth (2003) describe the difference between quantitative and qualitative as being the difference between viewing a snapshot of two different points in time and providing a description of what is occurring in between those two points through the participant's first person account.

Some criticism of qualitative methods comes from a perspective that research must be able to conform to quantitative definitions of scientific research, such as test-retest reliability or claims of objectivity but Atkinson and Delamont (2006) and Yardley (2000) disagree with applying the same tests of validity across both methodologies. Denzin (2009) looked at some



of the misconceptions regarding qualitative research and argues against those that dismiss it too quickly, while also pointing out how the standards that are claimed as unique to qualitative measures are sometimes inaccurate in their claims.

Yardley (2000) presented four criteria for the assessment of quality within the field of qualitative research; sensitivity to context, commitment and rigour, transparency, and coherence and impact and importance. Using these criteria she proposed that qualitative research could be assessed and argued to equate to the validity and reliability standards of quantitative research. Within this research the researcher has focused on meeting these criteria as will be explored further in section 2.8.

### **2.1.2 - Qualitative Research of Childhood Sexual Abuse**

As mentioned, quantitative methods have been used in the area of sexual abuse to look at several areas including prevalence, outcomes and symptomatology. Briere (1992) noted that for sexual abuse research, qualitative research is particularly appropriate as it looks to explore meaning making which has been shown to be a great significance in trauma. It is therefore important to consider the strengths and weaknesses of each approach with particular regard to sexual abuse.

Quantitative methods provide many benefits for sexual abuse research. The anonymity of completing an online survey or questionnaire may allow for greater access to survivors who may struggle to come forward in person. The data gathering frequently employs standardized measures which have been shown to be reliable and valid over numerous instances of use. This lends a degree of inherent validity to the work of the quantitative research. However, as Elliott and Briere (1991) pointed out, many standardized measures were not designed for use with sexual abuse survivors and therefore may not be sensitive to abuse-specific symptoms. Briere (1992) notes the difficulty of confirming that a control group is comprised of un-

abused individuals only and also that it matches the sexual abuse group on all other variables apart from the abuse. He also noted that issues arise when using retrospective reports of abuse with current measures. For example, researchers cannot account for how the current psychology of the subject impacts their memory of the abuse and researchers rarely have a measure of the subject prior to the abuse experience, meaning that it is difficult to isolate abuse as the variable that lead to the results of the current measures.

Undoubtedly this is also an issue within qualitative methodology, as participants are accessing memories of an experience with the benefit of subsequent meaning making and processing, however the focus on the meaning making process of the subjective experience can circumvent some of the other issues. Qualitative research is criticised for not using a representative sample or developing objective or replicable results (Yardley, 2000). However, without an attempt to access greater truth claims, qualitative research allows a focus on the individual experience and meaning making of those under study which can be explored in depth. The experience of relating to another in therapy is a deeply subjective one, with many layers of communication as well as perception and meaning making on the part of those involved at the time and subsequently. Hill (2005) noted that qualitative methods provided an ideal access to psychotherapeutic processes and Morrow (2007) noted the relevance of a qualitative approach within counselling psychology research.

To date research in the area of male survivors of sexual abuse has used qualitative methodologies effectively when exploring areas such as outcomes, silencing, emotional experiences such as shame and relational experiences (Gill & Tutty, 1999; Sorsoli et al., 2008; Kia-Keating et al., 2010; Dorahy, 2012). Kia-Keating et al (2010) employed the use of qualitative methods effectively when looking at the relational outcomes for male survivors. Given the aim of the current research, to look at relationship and trust experiences, the qualitative method was the method of choice for this research.

## **2.2 - Interpretative Phenomenological Analysis**

The qualitative method selected for this research was that of interpretative phenomenological analysis ('IPA'). This method of analysis was developed by Johnathon Smith in his 1996 paper *Psychology and Health* (Smith, 1996). Developed specifically for psychological research, this method has been growing in popularity and use within the psychology community and particularly amongst counselling and clinical psychologists (Smith et al 2009). It is also being adopted by other disciplines as it draws on important concepts from philosophy and the subject view of the individuals being studied in order to get an understanding of particular lived experiences.

Although IPA is a relatively recent development in qualitative research, it draws on the philosophical school of phenomenology and in particular the writings of Husserl, Heidegger and Merleau-Ponty. Husserl (1927) wrote about the need to step out of our everyday experience (bracketing) in order to take on a phenomenological attitude which is a reflexive focusing on our perception of objects in the world rather than on the objects themselves. Heidegger (1927/1962), on the other hand, considered it impossible to understand something outside of its context. He noted that it is the context that gives something meaning and introduced the concept of intersubjectivity; that relatedness with the world results in our ability to communicate and make sense of one another. He noted the need for a level of reflexivity in awareness; *Dasein* (Heidegger, 1927/1962). Merleau-Ponty (1962) introduced the embodied nature of our relationship with the world and how knowledge of the 'other' starts from the fact that the 'other' is inherently different from the 'I'. IPA attempts to explore the lived experience of the other, firstly through an interview where 'fore-knowledge' is partially (but cannot be completely) bracketed and then through an analytical process that uses this fore-knowledge to provide a frame-work on understanding but only as an understanding

of the data that has been presented by the other. Therefore the other remains the first point of knowledge.

Hermeneutics refers to the theory of interpretation (Smith et al, 2009). IPA assumes that the individual is presenting their truth and looks to develop a *“faithful description and penetration of the patient’s experience (which) yields an understanding in terms of meaning and intentionality in addition to the possibility of empathy”* (Rulf, 2003, p.36). Some other qualitative methods- Conversational analysis (Sacks, 1992) or Discourse analysis (Potter & Wetherall, 1987) - take a more constructivist view of the world which leads to a hermeneutics of suspicion. It has been noted that ‘being believed’ was a particularly important factor for survivors of sexual abuse (Middle and Kennerley, 2001). Therefore it was decided by the researcher that adopting a hermeneutics of suspicion would be an inappropriate style for working with survivors of sexual abuse as the underlying suspicion disrespects their truth and may contribute to a re-traumatization for individuals who may have had previous experiences of not being believed regarding their abuse.

IPA does interpret in a way that goes deeper than the surface of what is being presented by the participant. However it does so in a way that does not claim to have a ‘higher truth’ but rather starts from the truth as presented by the participant and then offers meaningful insights that can add to or slightly exceed the stated claims of the participant and, in combination with other insights from other participants, can contribute a potential understanding of the experience under investigation.

LeVasseur (2003) looked at the problem of bracketing, as conceptualized by Husserl and subsequently contradicted by subsequent philosophers (Heidegger, Merleau-Ponty and Gadamer), and proposed a new definition. Her definition is one of ‘persistent curiosity.’ She suggests a partial bracketing, whereby assumptions are temporarily ignored in favour of a

curiosity towards the new object. She describes this as being akin to handling an unseen object and the perceptual experience that is possible before the object is recognised and labelled.

*“It is this interval, where momentarily we are dispossessed of our assumptions by an upstart curiosity, that new perception of the thing might occur”* p. 418 and therefore

*“the project of bracketing attempts to get beyond the ordinary assumptions of understanding and stay persistently curious about new phenomena”* p.419

LeVasseur (2003) notes how her definition relates to the hermeneutic circle with a movement between the momentary new perceptions and the assumptions and understanding of the whole. She notes that this back and forth can be seen as an unending process and it relates to Gadamer’s (1990/1960) description of the constantly evolving process.

It is LeVasseur’s definition of bracketing and the subsequent hermeneutic approach that is applied in this research. The knowledge gathered during the literature review and the clinical education and experience of the researcher undeniably contributes to the researcher’s understanding and interpretation. It was also noted that within the interviews, participants expressed a greater degree of trust and openness with therapist’s who had a knowledge and understanding of the area of CSA. Therefore the researcher was open about having experience in the field during recruitment and at interview in order to promote an understanding and non-judgemental environment that would facilitate greater honesty and depth from the participants. An attitude of ‘persistent curiosity’ was applied during the process of interviewing and analysis in order to allow for new perceptions and prioritize the new information and data presented by the participants.

IPA was also selected here for its idiographic approach. In focusing on how particular phenomena have been experienced by particular individuals, IPA analysis achieves a depth of

information and understanding that is akin to the process within a counselling setting (Hill, 2005). Within the world of counselling psychology there is an interplay between idiographic and nomothetic pursuits and naturally both have their strengths and weaknesses. Idiography's concern with the particular, however, "does not eschew generalizations but rather prescribes a different way of establishing those generalizations" (Harre, 1979 in Smith et al, 2009, p.29). When looking at something as complex and individual as the experience of therapy for a childhood sexual abuse trauma within the field of counselling psychology, IPA's idiographic approach appears to be a highly appropriate way to approach an understanding of the experience.

### **2.2.1 - Interpretative Phenomenological analysis versus other qualitative methods**

Other qualitative methodologies were investigated as part of the planning of this research. In choosing the qualitative method for this research, conversational analysis and discourse analysis were ruled out due to their hermeneutic of suspicion. However other qualitative analytical methods were also considered.

#### Grounded Theory

Although grounded theory and IPA have many similarities, in terms of qualitative data gathering, analytical stages and aspects of theme generation- grounded theory maintains a focus on the development of an explanatory theory of the social processes that are occurring within a particular environment (Glaser and Strauss, 1967). Therefore meaning, in grounded theory, is understood as occurring through interactions within social contexts. For this work, the focus was the lived experience of the men involved and the meaning that these men made of those experience. Within sexual abuse, meaning and processing of the events is an essential aspect of the trauma experience (Briere, 1992; Gartner, 1999). Therefore the focus on social

constructs, while also very relevant, was considered to be a step away from the individual meaning making.

Grounded Theory could have been applied with great effect to this participant group as it has been previously (Draucker and Petrovic, 1996; Kia-Keating et al, 2005) and it was noted that a number of the themes that influenced the individual men's experiences were steeped in social meaning making. Therefore further research using grounded theory on therapy relationships for male CSA survivors could be very interesting and will be explored further in the discussion.

### Thematic analysis

Thematic analysis was also considered, as it adopts a similar method of developing themes from interview data. It could be argued that thematic analysis might have met the stated objective of honouring the male participant's expression of their experiences by generating themes based only on the manifest or latent content found within their descriptions. However since the subject under discussion was that of therapy, it was considered that a more theoretical and interpretative stance could identify processes that the men were describing but which were beyond the scope of their theoretical knowledge on the subject. While it has to be acknowledged that this process involved a double hermeneutic step away from the original experience - it was felt that this would potentially access more rich data about what the men were describing.

## **2.3 – Method**

### **2.3.1 – Recruiting participants**

A purposive sample was gathered from a number of charities catering to male and female survivors of sexual abuse. The decision was made to recruit through the medium of charities that served the population under investigation due to the higher concentration of appropriate candidates and also because the officials in the charities could make a determination as to where and to whom the research would be advertised based on robustness. While several charities were approach during the course of the research, participants primarily came from two organizations; A and B. Charity A began as a helpline for male survivors of rape, it has subsequently developed to offering support online, in a chat format, through face-to-face counselling and in men's groups as well as advocating for male survivors and for awareness of male rape experiences. Charity B offers support to adult survivors of all types of childhood abuse. They offer a national support line for adult survivors, online resources, and support groups for survivors, and training for professionals wishing to work with survivors. They also advocate for survivors in the media.

### **2.3.2 – Recruitment**

Once ethical approval had been granted by University of Roehampton ethics board (appendix 7.1) the charities were approached. The research ethics application had specified that no male survivors would be approached directly but that charities and therapists would be approached who could forward the research information to men who were considered to be in a suitable position to engage with the research. Several charities were initially contacted by phone and then an email was sent with some participant information. The email stated the intentions of the research and the requirement of those interested to attend an interview, specific recruitment criteria were given with a request to present this opportunity to clients that were



considered to be appropriate (appendix 8.3). Attached to the email was the participant information that would be sent to any men that expressed an interest in participating (appendix 7.5).

Once charities had made the decision to help they presented the information to appropriate individuals who were given contact details (Roehampton email address and research specific phone number) for the researcher. Those who contacted the researcher were then presented with the participant information (appendix 7.5), a preliminary participant questionnaire to establish that participants met recruitment criteria (see 2.3.3 & appendix 7.4) and a further description of what would be involved. Participants were told that participation involved a face-to-face interview either in Roehampton or at the charity from which they were recruited. They were reminded that this would be taped and that they would have the right to withdraw at any time. Subsequent communications involved specific details for planning time and location of the interview.

The recruitment process presented significant challenges, some of which had been identified in the literature for the population under investigation. The initial process of eliciting help from charities and agencies took significantly longer than anticipated. A significant period of time was needed to develop relationships with the charities through multiple phone calls and emails. It should be noted that those organizations that did help were very generous with time and thought about the best ways in which to recruit participants in a respectful and careful manner. I reflected that perhaps the process of recruiting within speciality populations, such as male survivors of CSA, involves a necessary development of trust between organizations and researchers before participants can become involved. Ultimately the research was extended by 3 months and the recruitment drive was considered complete after 18 months.

### **2.3.3 Inclusion/Exclusion criteria**

In order to recruit a relatively homogenous sample in accordance with sampling guidelines for IPA (Smith, Flowers and Larkin, 2009) inclusion and exclusion criteria were established.

Initial inclusion criteria specified males, age 18+, who had experienced a sexual abuse prior to the age of 13, with an experience of therapy lasting greater than one year that focussed on their trauma and involved working with a female therapist. The decision to define sexual abuse, as discussed above, was based on UK legal definitions of age below which it is not possible to consent (Sexual Offences Act, 2003) and a one year lower limit was set based on the necessity to have established a firm relationship in order to discuss aspects of relational experience. It was also considered that men who had experience upwards of one year in therapy might be in a more robust position emotionally which reduced the risk of distress, discussed below.

The inclusion criteria of having worked with a female therapist had been specified in order to establish homogeneity and to investigate gender difference experiences that may have been replicated in the interview setting with the female researcher. However following some significant struggles in recruiting and discussion with the first participant, the decision was made to remove the inclusion requirement of having had a female therapist. This decision was made for multiple reasons. Firstly the experience under investigation was that of relationship and trust building which was not considered to be a gendered concept. Secondly the removal of this criteria would widen the sample and increase the possibility of recruitment. Finally, it was discovered upon contact with those involved in this area that many survivors, including all the participants, would likely have had more than one therapy experience and would possibly have worked with both male and female therapists, building relationships which potentially influenced each other. Therefore the inclusion of only female relationship

experiences subtracted from the individual male survivor's experience and limited the scope of the research in a way that was not in line with the foundational aims of the work.

For ethical reasons, it was considered appropriate to exclude anyone who could only discuss a current therapy experience. The decision was arrived at after consideration of the impacts of participating in the research. The researcher considered that discussion of a current therapy with the interviewer, who was a stated practising trainee psychologist and researcher, might influence the delicate relationship that was developing in their therapy and potentially negatively impact the therapy.

In order to establish that participants met the inclusion criteria, potential participants were administered a preliminary questionnaire with the following questions –

- 1- What is your age?
- 2 - Were you younger than 13 at the time of your abuse experience?
- 3 - Have you had counselling before? If so, for how long?
- 4 -What type of counselling have you experienced?
- 5 - What was the gender of your previous therapists, if any?

#### **2.3.4 – Sample Size**

Smith et al (2009) note that there is 'no right' sample size for IPA and Smith et al (2009) posited that smaller sample sizes were appropriate for IPA given its focus on the participant's perspective rather than an attempt to generalize to all individuals who have experienced the subject under investigation. Based on previous work in the field (Fater and Mullaney, 2000) and guidelines from Smith (2004) it was decided to set a sample size between 6 and 8.

However pragmatic factors restricted the potential size of the group under study. As it has been documented, disclosure is particularly difficult for male survivors (O’Leary and Barber, 2008; Sorsoli et al, 2008), and issues of the time available for recruitment within a PsychD program also arose. Therefore, following an 18 month recruitment drive, the research was conducted with a sample of 6 participants, which is in line with previous PsychD research in the area of male CSA survivors (Moriarty, 2013).

The participants were all men aged between 45 and 65, with the largest proportion being in their 50s, and all self-identified as survivors of sexual abuse that had occurred before the age of 13. Specific details of the abuses were not sought, as such were considered to be less relevant than the fact that they identified as a survivor. Moreover, discussing the details of their childhood abuse was considered to be a risk factor for re-traumatization that was unnecessary and detrimental to the subject under study. In line with previous research in the field (Moriarty, 2013), and due to the relatively small nature of the community, it was considered inappropriate to provide a detailed demographic information as this might enable identification and thereby break the confidentiality required by the BPS research guidelines (BPS, 2010). However the answers to the preliminary questions were assembled into a chart to give some information about the men who participated (pseudonyms have been assigned):

<b>Pseudonym</b>	<b>Age</b>	<b>Abuse prior to 13</b>	<b>Therapy experience</b>
Arnold	63	Yes	Over 15 years of psychodynamic, person centred and group
Barry	46	Yes	3-4 years psychodynamic and pct
Carl	43	Yes	Various times up to 3 years at a time
Darren	57	Yes	11 years – pct, psychodynamic and group

Evan	54	Yes	Over 3 years – psychodynamic, pct and group
Frank	59	Yes	15 years – various forms

**Table 1 – Participants**

## **2.4 – Ethical Considerations**

The research for this project was submitted for ethics consideration under the reference PSYC15/162 in the Department of psychology and was approved under the procedures of the University of Roehampton’s Ethics Committee on 17/03/15 (appendix 7.1).

### **2.4.1 – Ethical considerations around participants**

A great deal of consideration occurred around recruiting and conducting this research with men who had a history of childhood sexual abuse, in accordance with the advice of the British Psychological Society ethical research guidelines on risk (Section 3, BPS 2010). It was decided early in the planning process that participants would not be asked about the details of their abuse. The decision was taken for a number of reasons but also had implications and application considerations that are discussed here.

Firstly, the subject under investigation concerned the men’s experience of the therapeutic relationship and trust within counselling or psychotherapy for trauma following an experience of CSA. The details of the sexual abuse history were less pertinent to these experiences than the quality of the therapeutic relationship and the relationships that had contributed to the men seeking therapy. Therefore it would not contribute significantly to the research to elicit details of abuse.

Secondly, it was determined early in the process that each participant’s self-identification as a childhood sexual abuse survivor would be taken as truth. This was a very important issue for

the research and something that has been identified in previous research as important for survivors (Middle and Kennerley, 2001). It was also considered particularly relevant for the participants involved in light of research demonstrating how difficult disclosure can be for male survivors (O’Leary and Barber, 2008; Sorsoli et al, 2008). It was considered, that seeking specific details of the abuse without a clear necessity could lead to an atmosphere of suspicion which would introduce an unhelpful and potentially distressing dynamic.

There has been a notable debate around the area of whether or not to ask participants about the abuse that they have experienced. Violanti (2000) pointed to the social constructivist impact of not asking about abuse, as this decision can be underlined by an assumption that survivors are excessively vulnerable and can contribute to a dynamic that repeats the abuser’s claims that abuse must remain a secret. Becker-Blease and Freyd (2006) explored this discussion and the research evidence to support a decision to ask about abuse. They point to arguments against the top ten concerns of researchers, such as reporting requirements and re-traumatization. This debate and the impact was considered at length by the researcher along with BPS guidelines (2010) around protection of the participants from distress. A decision was made to inform participants at recruitment that they would not be asked specific questions about the abuse, to state at the interview that abuse disclosures would be kept confidential but that each participant could make the choice whether they wished to disclose and that any disclosures made to the researcher would be honoured and heard in an appropriate and respectful manner, to both parties.

#### **2.4.2 – Informed Consent**

Participants were gathered via charitable organizations and received information about the research via those organizations. They were then asked to contact the researcher only if they were interested in participating. Following the initial contact all participants were provided

with another copy of the participant information sheet (appendix 7.5). The participant information sheet was designed to inform all participant of the nature and intentions of the research. This included information regarding the process for participation and what it would involve; including an hour's audio-recorded interview and a short questionnaire. Participants were informed about what would happen to the data collected and how it would be stored confidentially. Finally, the participant information sheet and the consent form both informed and reminded participants of their right to withdraw at any time (appendix 7.5 & 7.6). In accordance with BPS guidelines on ethical research and valid consent (section 4, BPS, 2010), the consent form was presented and signed before taping or gathering data. The form reiterated the points made in the participant information sheet and provided participants with contact details for the supervisors in case they felt more comfortable discussing any concerns with them.

### **2.4.3 – Confidentiality**

Within the participant information form (appendix 7.5) and the consent form (appendix 7.6) participants were informed about what would happen to the material collected during the interview, in line with BPS ethical guidelines on research (2010). Participants were informed that the interview would be digitally audio recorded and then transcribed in a confidential manner. It was clarified that this meant that no identifiable information (names, locations, specific organizations or information that could not pertain to anyone but the individual under discussion) would be directly transcribed and that pseudonyms would replace names and locations within the texts. They were reassured that they would not be asked about their abuse and that no information pertaining to their abuse would be transcribed. Participants were offered a copy of their transcript in order to establish transparency (Appendix 7.9)

#### **2.4.4 – Potential Participant Distress or Re-Traumatization**

The interview questions put to participants (See 2.5.1 & appendix 7.8) asked about the therapeutic experiences and relationships of that participant, relationships which were positive, negative or, in some instances abusive experiences. It was also considered that participants should be given the opportunity to speak about their abuse if they wished to. The discussion of therapy for abuse and potential disclosure of the abuse meant that it was important to consider the possibility of distress or re-traumatization arising for participants during the research (See ethics protocol, appendix 7.1)

The participant information and all correspondence with participants sought to maintain a tone of the utmost transparency about both the nature and intention of the research.

Participants were not shown the interview questions prior to meeting, however they were advised in a general way about what the questions would pertain to. It was considered that participants would, as the expert in their own triggers and comfort in discussing the subject, be able to make an informed decision as to whether their involvement would pose any risk to them in terms of distress. Violanti (2000) notes the importance of not creating a dynamic that makes implicit judgements about a participant's vulnerability and using this level of transparency was seen as an appropriate way to put the participants themselves in the position of judge. Research by Newman, Walker and Gefland (1999) explored how well participants anticipated their own level of distress in discussing trauma and PTSD and found that 72 percent of their participants disagreed that the research upset them, while 86 percent agreed that they had actually gained something from the discussion. Further research by Carlson et al (2003) looked at psychiatric patients being asked about PTSD and sexual abuse and found that 70 percent experienced relatively low levels of distress and 51 percent found the interview useful.



Finally the interviewer, as a counselling psychology trainee with 7/8 years of experience working with survivors of childhood sexual, physical and emotional abuse, was at the time of the interviews practicing as a therapist. It was therefore considered that the interviewer might be able to recognise signs of distress and, if required, stop the interview and provide emotional de-escalation.

Finally all participants were debriefed at the end of the interview (appendix 7.7) and provided with contact information for a number of support helplines and agencies supporting those with histories of abuse, should any participant experience any distress following the interview.

## **2.5 Design**

### **2.5.1 – Semi-structured Interviews**

The research design used a semi-structured, in-person, interview to gather data. As per the ethical guidelines, interviews took place in the University of Roehampton or the charity from which participants had been recruited. In line with the ideographic principles of IPA, the interview was designed to focus on a first-person account of the men's experiences working with a therapist around issues of abuse and its impact in their lives. The semi-structured format allowed for the greatest depth of reflection and exploration by participants and gave the interviewer the freedom to follow particular lines of reflection with minimal prompts that were designed to demonstrate both engagement and an attitude of 'persistent curiosity' (LeVasseur, 2003) on the part of the interviewer, as well as to facilitate gathering rich data from the participants. Brief summaries of what I believed I was hearing were added at key points, in order to facilitate clarification and further depth of data. It was considered that this would partially bring the participants into the double hermeneutic discussed by Smith (Smith

et al, 2009) without introducing interpretations within the interview space, which is advised against.

The research schedule (See below & appendix 7.8) was constructed in line with IPA guidelines (Smith et al, 2009) and utilised descriptive, narrative and evaluative questions in a funnel fashion moving from the relationship down to specific questions about trust and ruptures. The questions were designed to be very open and elicit deep and reflective responses and probes such as ‘Can you tell me more about that?’ were utilized to elicit richer data.

The interview schedule included the following essential questions:

Could you start by telling me about your therapy experience?

- 1 - Do you feel that your gender impacted your experience? In what ways?
- 2 - How would you describe your relationship with your therapist?
- 3 - How would you have defined trust within that relationship?
- 4 - Did you feel that you could trust your therapist? Can you describe this experience?
- 5 - Did you feel able to discuss your feelings at times when you may have been angry or mistrustful with your therapist? Can you describe this experience?

The questions were designed to be asked in this order and with the wording above. However Smith and Osborn (2003) note that questions guide the interview but do not dictate it, therefore the interview followed the participant’s process and at times questions were re-sequenced in order to facilitate the thought process being explored by the participant.

Furthermore, the way that the questions were introduced was adapted within each interview in order to maintain a more natural flow and therefore elicit more rich data. Interviews occurred over the course of 18 months and it has been considered by the researcher that emerging themes were within the awareness of the researcher during later interviews. However I also

considered that LaVasseur's (2003) persistent curiosity stance facilitated a prioritization of each interview and an openness to new information, as it emerged.

### **2.5.2 - Transcription**

Interviews were digitally recorded on an Olympus digital recorder and then transferred to a laptop and a hard-drive that was stored confidentially using a password. The recordings were then listened to repeatedly and transcribed manually by the researcher, a process which acts as an initial stage of analysis (Smith et al, 2009). Although IPA does not require the detailed level of transcription called for in other qualitative analysis types (e.g. conversational analysis), it does call for a verbatim transcription and therefore details such as pauses, non-verbal noises and laughter were included within brackets. Non-verbal utterances of encouragement or brief prompts from the interviewer were also added using square brackets, so as to maintain the flow that was present in the original interview. Transcription occurred as close to the original interview as possible to facilitate note-taking around context that may have contributed (e.g. participant refers to own appearance- See Appendix 7.9).

As mentioned above, for confidentiality purposes certain parts of the dialogue could not be reproduced within this thesis. These included descriptions of identifiable information (e.g. where the individual worked- or attended therapy, names of therapists, personal stories belonging to the therapist or to someone not present in the interview). Disclosures of childhood abuse were not recorded or transcribed. In instances of this occurring, blank spaces were inserted in place of text (See appendix 7.10)

## **2.6 Data Analysis**

Smith et al (2009) maintain that there is no single 'method,' for conducting IPA analysis. However as this was my first time conducting IPA, it was decided to follow an analytic process that was close to that described by Smith et al (2009).

### 2.6.1 Reading and re-reading

Following multiple rounds of listening to the audio-recordings and checking transcripts for accuracy, the transcripts were then read and then re-read. This was conducted in order to immerse myself fully in the experience of the participant and to facilitate the partial bracketing. I noted that that adoption of the ‘persistent curious’ stance (LeVasseur, 2003) allowed for the development of a sense of knowing the text while also facilitating new discoveries.

### 2.6.2 – Initial Note taking

During the re-reading process some initial notes were taken (Table 1, p. 51). These were built upon in further line-by-line reading. Detailed notes were added in a column to the right of the transcript. Using the techniques described by Smith et al (2009), the notes related to the content, the use of language, the context, some observations and a degree of interpretation. I aimed to maintain a focus on the phenomenological experience of the individual and made significant efforts to avoid moving too far from their original data.

Transcript	Initial notes
And did you feel that your gender influenced the therapy in any way?	Q2
Did it influence the therapy? Yeah, yeah it did I guess because as a survivor, being a man, it maybe was more difficult on some level, talking about what I was talking about. Because of the nature of what I was discussing.	Barriers from being male – Talking about abuse was harder for him as a man I note that appears to be difficult to make direct reference to abuse while discussing his gender here

**Table 2 – Initial notes example from Carl’s transcript**

### 2.6.3 – Individual case analysis

In line with the process described by Smith et al (2009), the next stage of analysis involved the development of emergent themes. This was done with each transcript individually. The

emergent themes were documented in an additional column to the right of the initial notes and transcripts (See Table 2), so that the researcher or supervisor could refer back to the data upon which these themes were based. This was felt to lend transparency and to ensure, as is necessary for IPA analysis, that the emergent themes did not move too far from the experiences and data of the participant, despite the double hermeneutic step: initially the participant's interpretation and then the researcher's interpretation of this description.

<b>Transcript</b>	<b>Initial notes</b>	<b>Emergent theme</b>
And did you feel that your gender influenced the therapy in any way?	Q2	
Did it influence the therapy? Yeah, yeah it did I guess because as a survivor, being a man, it maybe was more difficult on some level, talking about what I was talking about. Because of the nature of what I was discussing.	Barriers from being male – Talking about abuse was harder for him as a man I note that appears to be difficult to make direct reference to abuse while discussing his gender here	Struggling with gender norms and CSA exploration

**Table 3 – Transcript analysed up to emergent theme for Carl**

An IPA researcher is advised to analyse the initial notes and to look for emergent themes (Smith et al., 2009). During the above process, although the focus was on small sections of notes, I attempted to hold in mind the overall impressions and observations from the interview as a whole in order to generate themes that were as consistent with the overall interview as possible, in line with IPA's use of the hermeneutic circle, by moving interpretation dynamically between the parts and the whole (Smith et al, 2009). Emergent themes were checked against the transcript.

Following this, the emergent themes were moved to a separate document in order to isolate the themes and generate a series of super-ordinate themes. The super-ordinate themes were

intended to cluster together and identify over-arching themes from the interview. The super-ordinate and emergent themes were then listed with supporting quotations from the text.

#### **2.6.4 – Patterns across Cases**

Following the analysis of each case, the emergent themes were laid out together with a view to developing a master list of themes. These themes were then analysed for each participant. The themes were read and organized, in a process of comparison, contrast and interpretation, to identify superordinate themes within each participant's description. Superordinate themes were compared between cases and similarities and differences were assessed to identify a series of master themes and sub-themes as demonstrated in chapter 3 (fig. 1, p.68). Examples of this process are too large to include here but have been provided in the appendix (See appendix 7.9 & 7.10)

### **2.7 - Reflexivity**

Reflexivity represents an important aspect of qualitative inquiry as the researchers' subjectivity is viewed as inherently involved and at times a potential asset (Auerbach & Silverstein, 2003). An interpretative phenomenological analysis is underpinned by the philosophy of phenomenology and hermeneutics and therefore the reflexivity of the research is inherent to the process (Smith et al., 2009). The current research adopted LeVasseur's (2003) 'persistent curiosity' stance which acknowledges the influences of previous knowledge but maintains an open and curious position towards new information. This was adopted in part due to the research that suggested survivors responded to those who demonstrated an understanding of the subject (Chouliara et al., 2012). Therefore as someone who has worked with survivors of multiple forms of childhood abuse since 2008, I endeavoured that this

previous knowledge would benefit the interview space but not introduce assumptions that would hinder new perceptions.

As a researcher inextricably involved in the research process, I am aware the results of the analysis will be the outcome of my reading and interpretation. I am also conscious that the interpretation of the data will be influenced by my experiences during interviews, previous literature review and personal experiences. However I have taken steps to ensure that personal biases do not exert undue influence including; the use of supervision, personal therapy and an independent audit.

As a researcher who is also training in counselling psychology, I am aware that my experiences of working as a trainee counselling psychologist might also have influenced both the interviews and the interpretation. I therefore identified myself to participants during recruitment as someone with a background of working with sexual abuse survivors.

Moreover, and as advised by Smith et al (2009), I endeavoured to limit any interpretation within the interview space in order to differentiate myself as a researcher and not a therapist. Furthermore, I have engaged with multiple supervisors during analysis to ensure that my interpretations remained grounded in the text and not within psychological theory. However Smith et al (2009) noted the advantage of a psychological mind in extrapolating nuanced meanings embedded in the data.

Finally I consider that my previous experience in the area of childhood sexual abuse and a deep understanding of the territory must be considered as factoring into this process. It is my hope that it presented an advantage for accessing rich data during the interviews. Becker-Blease and Freyd (2006) noted that trained interviewers with a significant background in the area may lead to a more sensitive interview while accessing depth that may not be accessible to those without such life experience.

## **2.8 – Validity/Quality**

As discussed above, establishing the validity of qualitative research can be a challenge and many have raised criticisms that qualitative methods cannot be replicated and do not use standardized measures. Yardley (2000) wrote about this difficulty within qualitative research and established a list of standards which, if met, contribute towards the validity of the research. Therefore the current research has been examined against these standards

### **2.8.1 – Sensitivity to Context**

The sensitivity to the context of male CSA and therapy for male CSA has been an essential aspect to the entire research project. Firstly, the choice of analysis with IPA was taken with an understanding of the needs of survivors and an attempt to give voice to a population which remains overlooked and ‘unheard’ (Lowe and Balfour, 2015). Within the process for recruitment, interview and analysis the context was given a great deal of consideration and I worked closely with the organizations who specialize in this area in order to remain as sensitive and aware of the context for male survivors as possible.

### **2.8.2 – Commitment and Rigour**

Throughout the interview process attention and commitment to the participant and the idiographic nature of IPA was not only a high priority but was essential for the research to gather any rich data and building and maintaining a degree of trust with the organizations and the participants was therefore a key element to this research. It was noted by one of the participants that survivors have ‘a keen sense of whether someone is being authentic,’ and so any lack of commitment or respect on the part of the researcher would likely have had significantly detrimental impacts. As disclosure of a sexual abuse is recognized as difficult in the research (O’Leary and Barber, 2008; Sorsoli et al, 2008), I was deeply aware that by coming forward to participate, these men were- not only- overcoming that difficulty but they



were also opening up to me about a process during which they may have faced their most profound vulnerability. Therefore I made every effort to honour and to meet their commitment to the furthering of research into the area of male CSA.

The question of rigour is one of thoroughness. This research presented many challenges and one of those was the issue of sampling. As mentioned above, every effort was made to facilitate a thorough recruitment, including working to develop relationships with multiple agencies and charities as well as working with those charities in adapting the recruitment methods. Extending the deadline as far as possible allowed time for any individuals who wished or needed to give their participation more consideration before coming forward, which was relevant as two new participants were interviewed in the 18<sup>th</sup> months of the recruitment drive. Therefore it was considered that rigorous efforts were made to achieve an appropriate sample.

To ensure that the analysis was also conducted in a rigorous fashion, I sought advice from experienced IPA researchers as well as the guidance throughout of my supervisor to ensure that the analysis met with the standards of idiographic engagement necessary for IPA and was an accurate and respectful representation of the data provided by the men involved.

### **2.8.3 Transparency and coherence**

Transparency was identified as a key assessment criterion by Yardley (2000) and was a significant consideration for this research. I attempted to maintain a high degree of transparency from the start of the research process, throughout recruitment, interviewing and analysis. This has been continued here as I have described, in as much detail as possible, the process employed for participant recruitment, in the construction of the interview schedule, for the interviews themselves and in how they were analysed. However the need for transparency has not been allowed to compromise the need to meet the proper standards of

confidentiality. I have, therefore, not included the full transcripts with this thesis. They have been reviewed by my supervisor and by the participants themselves (Appendix 7.9)

Furthermore, in an effort to ensure coherence I have engaged an audit on the transcripts and themes from my supervisor and then, on just the emergent themes to super-ordinate themes from an external auditor (a fellow student). I noted that this auditor, in discussing the themes and super-themes, identified information that was not explicitly included in the themes but which was present in the transcripts. Therefore without telling the auditor of which comments were specific to any participants, I consider that the themes represent an accurate reflection of the idiographic material on which they are based. This external audit also functioned to challenge my personal assumptions and to push the rigour of analysis.

#### **2.8.4 Impact and Importance**

Yardley (2000) points to impact and importance as her fourth assessment criterion and therefore the research needs to tell the reader something interesting, important or useful (Smith et al, 2009). The need for this research arose from the gap in the literature around male survivors' experiences of the therapy relationship and trust. It is hoped therefore that this research goes toward bridging that gap in the existing literature and will provide the reader with interesting and useful insights into the experiences of the male survivors involved. The findings of this research and their contribution to existing knowledge or impact will be discussed in chapter 4.

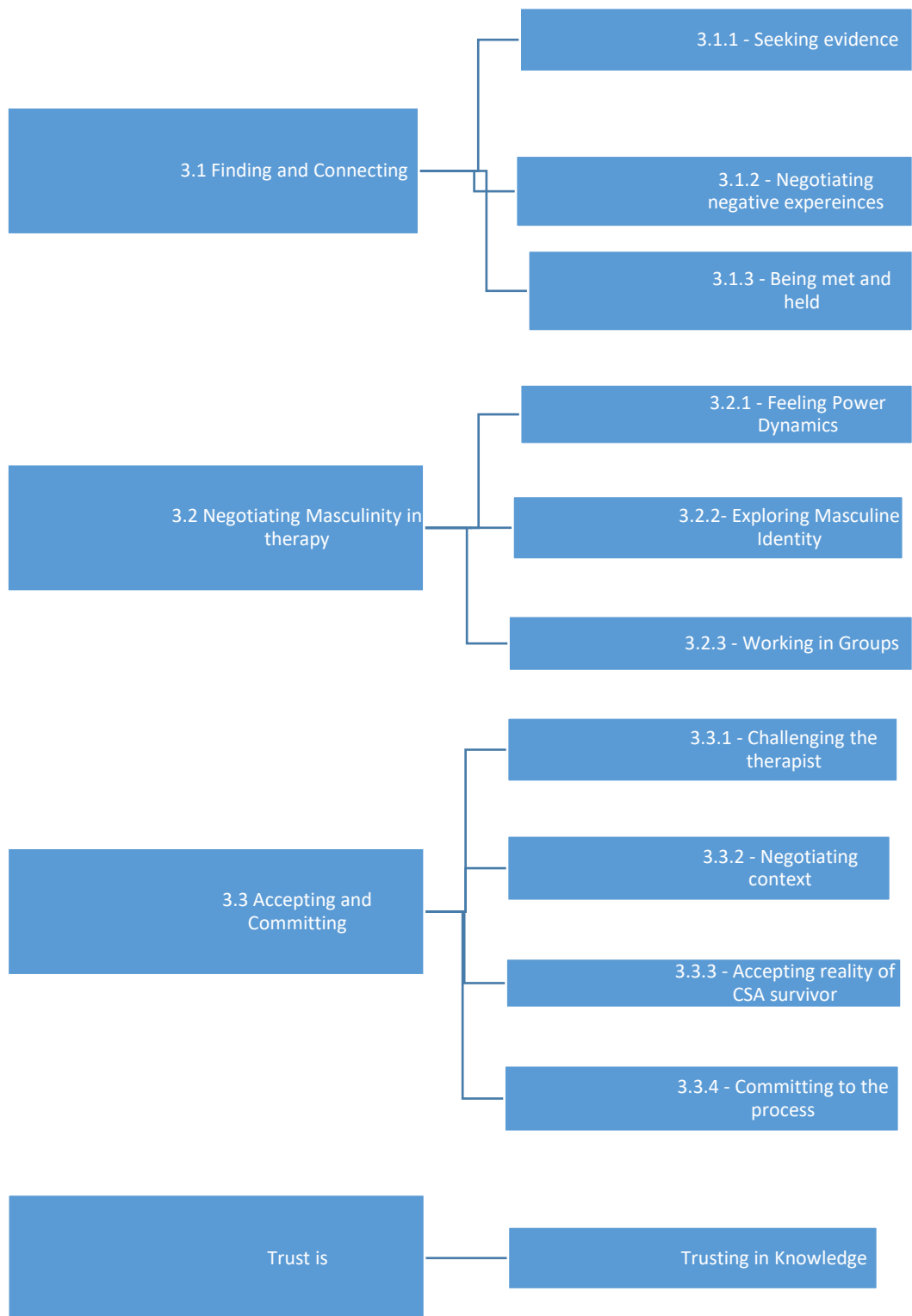
### 3.0 – Analysis

This chapter presents an overview of the themes that emerged from the IPA analysis of the accounts of 6 male survivors' experiences of therapy for abuse and trust within this relationship. The analysis resulted in the emergence of a number of recurrent themes which were developed into four master themes and a number of sub-themes, as can be seen in the table overleaf in figure 1.

Following the overview, the themes will be explored in more detail with a degree of interpretative exploration. However each theme and interpretation will be accompanied with extracts from participant interviews to demonstrate how the theme and interpretation have been constructed from, and anchored in, the men's own words. Verbatim transcript extracts will be included in the form of extract number, pseudonym, and line numbers. For the purposes of confidentiality, and ease of reading, some information has been edited. For example, identifiable locations have been removed and utterances such as 'em' have been edited out. However edited information will be de-italicized for transparency and information that has been edited out will be replaced by square brackets. Participants have been assigned pseudonyms in order to emphasize and reinforce the individual nature of each participant and the phenomenological data that they are contributing.

The themes have developed a sequential relevance based on the experiences of the men. They start with finding a therapist and move through early aspects of negotiating the self in therapy towards a more developed acceptance and commitment with a final reflection on trust as a whole as seen in figure 1. This was not imposed by the researcher but rather reflected an overarching narrative that each of the six men developed individually that mapped a 'journey of recovery,' through multiple therapy experiences from uncertain starts towards more substantial relationships and up to the present day. However as is the case with all examples

of IPA, this was based entirely on the experiences of the men within this research and does not intend to reflect or be a marker for every male survivor of CSA. This will be explored in greater detail within the discussion in chapter 4.



**Fig. 1 – Master themes and sub-themes**

### **3.1 – Theme 1: Finding and Connecting – “I just felt like she understands me”**

A number of the men spoke about the difficulty they experienced in finding a therapeutic connection which could facilitate the complex work of exploring their trauma. One participant, Frank, explicitly stated the difficulty –

*“I don’t know how you can, how anybody finds someone who is trustworthy. I mean that must always be a challenge. And I’ve been through, I’ve been through quite a few.”* (Extract 1, Frank, 284-285)

All of the participants had undergone multiple therapies before finding one or more that they considered to be helpful and therapeutic relationships. They described this process as a journey; with highs of connection and understanding but also lows of judgement and rejection, and at worst alleged sexually inappropriate behaviour. Therefore the first master theme was intended to represent this process and has been broken down into three sub-themes – Seeking evidence, negotiating negative experiences and being met and held.

#### **3.1.1 – Seeking Evidence**

The men all described an experience of looking for evidence that they would be able to connect with, or be understood by, their therapist. This process appeared to begin for many of the men before they had met the therapist. They would look for a referral or sought evidence that this individual was experienced in the area of sexual abuse. As seen in statements first by Frank and then Arnold, the use of a referral was reflected in a number of the men’s experiences. A referral appeared to represent evidence that it would be worth investing trust into the therapist:

*“{What I would say to other survivors} I would never say don’t do it, but I would always say ‘Just be choosy and if you don’t feel that you can work with someone, don’t stick with it simply because you feel you’ve got to. Do a little bit of research and*

*try to get a recommendation rather than just flick through the yellow pages or the internet whatever.” (Extract 2, Frank, 68-71)*

*“I was looking very urgently to another therapist and someone recommended me to a woman [] and I don’t remember the first session exactly but I do remember when meeting her thinking ‘well this woman is extraordinary and I must continue to see her!’” (Extract 3, Arnold, 11-15)*

In this second statement by Arnold we can see that the referral in combination with a feeling during the first session that this therapist may be special gave Arnold enough evidence to pursue the therapeutic relationship. It appears that knowledge of sexual abuse was a factor that many of the men sought out. However simply knowing information did not seem to be the essence of what the men were looking for, it was some deep understanding of the area and a comfort with it. As Arnold described the experience of meeting therapists that he felt certain would understand:

*“And it seems, of course, because she was so straight forward and apparently effortless. I know that underneath she was extremely skilled, a very very skilled woman.” (Extract 4, Arnold, 65-66)*

*“when I was looking for someone who really knew about abuse, as soon as I met this man, within 10 minutes I knew just by the richness of the conversation that he really, the territory, I want to say the territory not the subject. That he understood the territory of abuse very widely and richly. I have no idea if he had been abused himself, none whatsoever, and he definitely wasn’t a gay man..... but we established a very deep therapeutic relationship almost immediately,” (Extract 5, Arnold, 265-269)*

Arnold appears to have experienced a feeling of his world and experiences being understood by these therapists. He spoke about valuing a particular depth of knowledge that contributed

to an ease and comfort around the subject. It appears that this ease could provide a degree of normality to the therapeutic discussions which may be missing in his social world, as we shall discuss in 3.3.3. In extract 5 he notes that sharing a connection of sexuality, which he previously prioritized, felt less significance in the face of the male therapist's understanding of 'the territory.' The subject of whether the therapist had themselves experienced CSA was also reflected in five of the men's experiences. There was a shared theme of querying whether the therapist's understanding extended to personal experience. This question entered the experience of almost all participants:

*"So I could tell that she was speaking with personal experience...maybe about herself or people she knows other patients or clients." (Extract 6, Barry, 205-206)*

*"it's a curious thing that I find, as well, having been in therapy, as to therapist that specialize in child abuse recovery. I often kinda wonder, or maybe it's just my, my imagination but I often kinda think I wonder if that therapist has experienced child abuse as well." (Extract 7, Carl, 28-31)*

Carl and Darren also noted that having a therapist whom they considered to be a fellow survivor also lead to some complications for them:

*"I wanted to know that maybe, sometimes the therapist was maybe going towards I felt maybe it was something that they had experienced [] but I wasn't sure so we thrashed that out, you know?" (Extract 8, Carl, 37-39)*

*"But the danger, and it needn't, it needn't threaten the therapeutic relationship, but what can be dangerous is if it becomes about well... 'what did you do to fix yourself and I'll do what you did.' " (Extract 9, Darren, 269-270)*

Here the connecting force of the shared experience appears to feel intrusive when it comes too far into the therapy. For Carl, this felt to him to be initiated by the therapist while Darren



speaks about the desire for greater disclosure coming from the client. It appears that this kind of connection can challenge the boundaries on both sides.

### **3.1.2 – Negotiating Negative Experiences**

Within the desire for evidence there was also a significant presence of past negative experiences. Undoubtedly the original trauma was present for the men in this wariness. As Carl put it “*obviously your trust is taken*” (Carl, 87). However many of the men’s experiences of therapy also contained negative incidents, ranging from the unhelpful to the abusive. These had to be negotiated by the men in order to consider entering into another therapeutic relationship:

*“I had various counsellor, therapy experiences, some of which were helpful in the moment. Quite a number of which I look back and realize that they weren’t and I think that sometimes that is because the therapists and the counsellors couldn’t kind of.... Well to be kind, I don’t think they had had enough training in dealing with this issue and so wanted to avoid talking about it.”* (Extract 10, Frank, 38-42)

As reflected in Frank’s statement, instances of perceived ignorance or inexperience with CSA in therapists were to be found in all the men’s experiences. These experiences appeared to contribute to a general societal narrative that the men discussed about being asked to keep quiet about their abuse which will be discussed in 3.3.3. It was also noted that some therapists’ interventions contributed to unhelpful dynamics, such as imbalances of power or inauthentic interactions. Darren described this very aptly and also noted the impact on a survivor who is courageously being honest about their trauma:

*“Survivors have the very, very finely tuned bullshit detector and they will know it immediately if you are trying to deliver an intervention or support in a way that is at all dishonest. You know, they will spot it straight away and will just walk out the door*

*[] and it's deeply offensive. You know, if you've come with your darkest horror and you are trying to share that and you are responded to in any way that is unauthentic. Well, fuck off, you know. It is re-traumatising.*" (Extract 11, Darren, 276-279+283-286)

Some of the men described experiences of emotional, or even sexual, abuse by their therapist. Frank discussed an experience with someone from the 'False Memory' movement that left him very distressed and Evan experienced that one of his first therapist's was getting visibly sexually aroused during his sessions. Unfortunately, as Frank noted, experiences such as these have also been noted with relative frequencies amongst the CSA community as well as the many positive experiences:

*"And I have heard from a lot of other survivors who have had fantastic therapists and counsellors, absolutely fantastic but I've also heard from people who have had terrible experiences. And not that unusual, who have alleged assaults!!"* (Extract 12, Frank, 287-289)

An awareness of the risks that survivors' perceived in opening themselves up to therapists and in allowing themselves to engage in the therapy process added a significant weight to the positive experiences that the men then described.

### **3.1.3 – Being Met and Held**

All of the men interviewed had also found at least one, if not multiple, therapists whom they described as being able to 'meet them where they were' at that time and to 'hold,' their difficult emotions and experiences. This experience was described by each of the men with such intense fondness and gratitude that the therapeutic relationships they were describing appeared to almost be alive in the interview.

The experience of being met was similar to the 'I-Thou' relationship and was described in great detail by Arnold:

*"I think it's about an openness, an honesty...to say 'What do you mean there, I don't quite understand what you mean.' Rather than to feel that any interpretation that has come from the therapeutic lectures has been imposed upon you. An awareness that every human being is unique and different, complicated and rich and incredibly human and that must just be met and negotiated."* (Extract 13, Arnold, 203-206)

*"What works there is the honesty and the agreement that you are both flawed and imperfect human beings but present and constant and willing to engage with that imperfection."* (Extract 14, Arnold, 239-241)

This meeting was also reflected in the therapist's ability to hold the abuse, which was reflected in all of the participant's experiences. Carl noted how his therapist could remember things that he had told her in previous sessions and was able to get emotional in an appropriate manner when Carl felt unable to get in touch with the emotion. Darren and Carl also both noted the contrast between their therapist and members of society who were too shocked to hold their abuse. Evan noted that when his therapist held the trauma and was subsequently honest about how difficult it was, this led to him feeling a deeper sense of being understood:

*"And at the end he said that my case was the most serious stuff he had ever had to deal with. So it had been difficult for him as well. Right? [] and he told me at the end and I was really pleased that he told me that actually. It helped, you know, it helped me understand his journey in that 6 months as well as mine which was important to me."* (Extract 15, Evan, 227-230)

An experience of being met and emotionally held appeared to confirm for all of the men that they had found a therapist they wanted to work and connect with. However this was just an initial stage for them and there was then a period of negotiation of self and relationship as they began the difficult therapeutic work around the trauma as well as other issues that the men wished to discuss.

### **3.2 Theme 2: Negotiating Masculinity in Therapy - “you assume that men aren’t emotional,”**

For this research, focusing on the experiences of male survivors, it was considered that the experience of masculinity might emerge as a theme, as was explored further in the literature review (1.2.3- p. 19). However, the ways in which the men experienced their masculinity within the therapy were unexpected and varied. Three sub-themes were identified; power dynamics, exploring male identity and working in groups. The sub-themes of power dynamics and working in groups were considered as particularly significant and lengthy consideration went into the decision around whether they represented master themes or sub-theme (See 4.4). It was noted that many of the experiences around groups related specifically to experiences of being male and the concept of power dynamics was explored interestingly by the participants from the frame of a male survivor. We will explore this further below.

#### **3.2.1 – Power Dynamics**

As mentioned, the sub-theme of power dynamics was considered as a potential master theme. In fact it could be argued that power dynamics applied to all the other themes and this will be also explored further in the discussion. However, the experience of power dynamics as a male survivor was one that emerged in an interesting way and was therefore considered to be related to the negotiating masculine identity master theme.

The complex, minute to minute, negotiation of power within the relationship is always significant for therapy and significantly so for survivors, as discussed in chapter 4. It was noted that many of the negative experiences or ruptures described by the men included either minor or major perceived power imbalances. Barry, here, describes a therapeutic relationship that he worked at for over a year without managing to connect. He explores also his experience of the therapeutic relationship on the whole and the difficulties feeling equality:

*“With P (male therapist) at Charity B, it wasn’t a symmetrical relationship at all. I suppose it’s not a symmetrical relationship with any of them. With P it was the least symmetrical relationship I have had with any therapist.”* (Extract 16, Barry, 87-89)

However negative experiences such as these appeared to highlight for other men when they were experiencing *“an equality of presence”*, as Arnold put it in other relationships.

The significance and fragility of this equality was exemplified by Frank when he described an interaction that led to a rupture with his previous male therapist:

*“he said to me ‘Oh are you showing me that, are you trying to make me jealous or something?’ And I thought that was a really odd thing to say because that personalized it and I wasn’t. I was simply trying to demonstrate a weakness of mine,”*  
(Extract 17, Frank, 225-228)

In this example we can see that the therapist may or may not have been attempting a transference interpretation, or bringing the interpretation back to the relationship. However Frank describes how he experienced this as an accusation, or attack, during a moment of vulnerability and, consequently, as an example of an unhelpful power dynamic that eventually led to him terminating the therapy.

Power dynamics within more directive therapies were noted by a number of the men.

Interventions such as having an agenda for each week appeared to contribute to unhelpful

power dynamics, which at their worst lead to a feeling of re-traumatization. Evan noted that a piece of short-term psychodynamic work where his therapist would identify a topic for each week felt “*like there was always an agenda and not my agenda.*” (279) while Barry, who experienced open-ended psychodynamic therapy, felt that the therapist had no agenda and was waiting in the hope of a break-through “*maybe I think that the therapist themselves is desperate for that breakthrough.*” (165).

Carl and Darren remarked about the impact of feeling as though the power was out of their hands in other therapy situations:

*“Yeah and I almost, kinda felt that I wasn’t asked and it stirs up stuff then,”* (Extract 18, Carl, 129)

*“And so I think for me, abuse takes away choice from children. In that way that you can’t fight back goes into post-traumatic trauma”* (Extract 19, Darren, 38-39)

Almost all of the men described some imbalances of power within their therapy experiences and the main way they found to address this was identified as challenging the therapist which will be considered in 3.3.1.

### **3.2.2 – Exploring Masculine Identity**

One of the factors that emerged as significant for all the participants was the negotiating of masculine gender norms and their personal gender identity. As Carl put it:

*“Did it influence the therapy? Yeah, yeah it did I guess because as a survivor, being a man, it maybe was more difficult on some level, talking about what I was talking about. Because of the nature of what I was discussing.”* (Extract 20, Carl, 9-11)

Here Carl appears to be exploring carefully the relationship between discussing his sexual abuse and his self-identification as a man. It was explored in the literature review and

reflected in a number of the men's experiences that ideas around masculine identity, their own and those of the people that influenced them, and sexual abuse were contrary. Darren pointed out how his ideas of masculinity came from his father and other men in his school experience and they all communicated a similar message about avoiding the processing of feelings. Similarly to Carl he spoke about exploring this cognitive dissonance as a part of his therapeutic relationship.

Three of the six men interviewed self-identified as homosexual and they highlighted the contribution of their sexuality to their gender identity. Evan describes it thus:

*“Researcher- Would you feel your gender impacted your experience in therapy and how?”*

*Evan: Ehhh!! I suppose, a big part of how I define my gender is through my gayness, you know being gay.” (Extract 25, Evan, 81-82)*

Arnold also spoke about his experience of feeling he needed to work with another gay man due to the added dimension that he felt sexuality brings to his gender identity and to the therapeutic dynamic. Carl and Arnold noted that this became particularly relevant for them during the group work where the contrast between the experiences of homosexual male survivors and heterosexual ones led to conflicting agendas and frequently left them feeling *“that my journey got lost a little bit.”* (Carl, 194).

As described in 2.3.3, this research began with an interest in male CSA survivors working with female therapists. Even after the brief had changed and the recruitment, and questions had changed to reflect this, the subject of working with male versus female therapists remained a significant one for the men in this research. Evan described how this difficult negotiation of his own masculinity could be amplified with a male therapist where he

appeared to feel that masculine expectations came further into his awareness and inhibited his ability to engage emotionally:

*“Because you assume that men aren’t emotional you don’t know how much you are allowed to do yourself, and you’re holding back and then they are holding back. There is a kind of a chicken and egg type thing. I’m not gonna go in, I don’t wanna melt in front of them straight away!”* (Extract 21, Evan, 91-94)

Frank also described his experience of being inhibited by his masculine gender and cultural ideas while sitting with his favourite female therapist, the one with whom he felt most open:

*“Yeah and I’ve sat with her and I’ve had tears with my eyes and I’ve sometimes wanted to sob, and I never have but sometimes I have wanted to....But then there’s that bloody stupid British man inside, that stiff upper lip, doesn’t want to sort of show their vulnerability, and I do play, I do play the joker a little bit too much.”* (Extract 22, Frank, 151-155)

Frank’s description of the struggle between his desire to embrace the emotional impact of his therapy experience and his need to meet certain standards of the ‘British man’ exemplified the struggle that many of the men appeared to experience. It was also contributed to by his cultural identity as ‘British’ when he says ‘stiff upper lip’, which is not considered to be a gendered descriptor. He speaks about resolving this by ‘playing the joker,’ which appears to imply a difficulty to take himself or the therapy seriously, which he noted impacted his relationships in therapy.

Frank also demonstrated very succinctly the difficulty expressed by a number of the men when negotiating aspects of masculinity and femininity in the therapeutic space which were very relevant for group work also:



*“I am more comfortable sitting talking to you (female interviewer) than I might be sitting talking with a bunch of men, because I kind of grew up feeling....I don’t know how I feel....but, but....it was men who hurt me. It was women who, I sadly feel looking back, looked the other way!”* (Extract 26, Frank, 105-108)

At times the men described situations where they felt deeply emasculated by the process. Earlier in his interview, Frank had described how he had to be categorized as female in order to access a service that would understand his CSA experience:

*“But it was a woman’s service and they made me a woman as it were, to benefit from that service”* (Extract 23, Frank, 58-59)

One particularly graphic description from Evan depicted the feeling of opening up emotionally as a male survivor in a distinctly feminine way:

*“Each time, for each man, cry in front of them, a man!!! You might as well throw your legs up, I mean, that surrender, you know.”* (Extract 24, Evan, 255-257)

This final extract was taken from his description of group work with other male survivors, which a great many of the men noted as being an experience of breaking the conflict between masculinity and emotionality. Yet it is also interesting that Evan uses a feminine metaphor, and turns to a sexual inference, to describe this feeling of submission and surrender. The feeling of submission to the emotional impact appears to be inextricably linked to a sexual surrender in his experience, and specifically to a female sexual surrender. Here he appears to be negotiating and at once struggling with the concept of a man who can open up emotionally while maintaining his sense of his own power.

### 3.2.3 – Working in Groups

Five of the six men who contributed noted the important and powerful experiences they had within groups of other men. One of the men, Carl, found it to be a negative experience, as noted above, but the other men felt that they had benefitted from the experience. However the complex dynamics that emerged in group work were impactful in the experiences described by all the men and contributed to their therapeutic relationships.

Evan, who felt particularly positive about the power of men's group work described the benefits:

*"I mean I have been on a few weekends in the last 5 years and the intensity of those situations is very helpful for men [] Because there isn't that escape and because what men do is brood and walk away, there is nowhere to walk away to. And you are kind of encouraged to come out, to explode, you know. The first time you see a bloke cry it's like..... [] well it's a miracle, it's just a miracle. Each time, for each man, cry in front of them, a man!!! You might as well throw your legs up, I mean, that surrender, you know. [] It's like a pressure cooker, really, it's like you know you don't know where to go and its kill or be killed and that's it. Because you know my experience a lot of survivors describe that they just walk away, they go and lock themselves away, they get, they do all the isolating things, being isolated in public, you do all those things but if you are not allowed to do that, you've really gotta face it (laughs)." (Extract 27, Evan, 250-264)*

This graphic and evocative description touches on a number of the dynamics that were experienced by many of the men. 'The pressure cooker,' appears to refer to a building social energy and a forcefulness as well as the internal experience of building emotions and desire to open up within Evan himself. He describes the experience of seeing another man becoming

emotional as both a ‘miracle,’ and a ‘surrender,’ which again appears to describe a feeling of being forced while demonstrating his great appreciation for it. He then switches to a violent concept and presents the only escape as a social isolation. I was struck here by the image of the vulnerable parts inside Carl longing for social connection and yet facing a degree of risk that was akin to potential death in trying to achieve this and I noted that he switched from initially speaking about himself to speaking about survivors or men more generally. I wondered about the relationship between his various concepts of self within this experience. Barry, who throughout his description of his experience expressed a consistent desire to be pushed (citing a desire for NLP therapy or wishing his therapist had told him ‘*what (he) needed to do*’), expressed great interest and comfort in a men’s group situation. Interestingly, his group experiences did not appear to reflect any forcefulness but he described feeling less isolated

*“I was very, very, very, very low and then two guys either side of me put their hands up (a group practice to indicate they related to his experience). It was very touching and it made me feel... It was like a revelation you know that other people were like, the same way.”* (Extract 28, Barry, 413-416)

Group work with other men then opened an avenue for many of the men to speak openly and frankly about their experiences and their emotions with a reduced perceived threat of emasculation. Furthermore, it connected them with other men who had similar experiences and similar struggles and allowed them to work through these while feeling deeply understood. The dynamics that emerged had the possibility to challenge the men towards revelation or towards frustration. As Carl described it:

*“Group therapy with all men who had survived child abuse, there were all different levels. I was quite lucky because I was fairly far on in my journey. But a lot of them*

*weren't. They were all at different levels. I wanted to do it to help these guys, help myself and help them. To help survivors but it was a hard enough experience really."*

(Extract 29, Carl, 171-174)

Here Carl references his stage in 'the CSA recovery journey' as something that was reflected in other experiences. He appears to be speaking about a feeling of owing his help to other less 'lucky' survivors. Darren and Arnold also noted that variety amongst the 'stages of the journey' present in groups could lead to complicated experiences, ranging from a degree of responsibility, such as Carl is describing, also expressed by Arnold, to what Darren referenced as '*survivors guilt*.'

### **3.3 –Theme 3: Accepting and Committing – “I knew I needed to do something”**

All of the 6 male survivors reported that once they had found a therapist with whom they felt a connection, they then appeared to describe a process of increased trust building and therapeutic progress. The men all described a building sense of their own power within that process and most of the men expressed that they became increasingly aware of their responsibility for their therapy experience:

*“People would offer help, professionals and friends and I would just say no, no, no!! That's danger! I need to have my defences up all the time, all the time!!”* (Extract 30, Darren, 81-82)

Several of the men spoke about what they experienced as necessary on their part for creating a healthy therapeutic relationship and this emerged as a master theme of accepting and committing to the process. Exploring personal responsibility can be a complex process for survivors of sexual abuse as aspects of the abuse, frequently result in children being made to feel responsible and therefore much of the survivor's experience of exploring their

responsibility appeared to be a process of considering their and others' contributions to the relationship with the aim of personal empowerment. Here it was broken down into four sub-themes that reflected the aspects of this process that the men described; Challenging the therapist; Negotiating the context; Accepting realities of CSA survival; and Committing to the process

### **3.3.1 – Challenging the therapist**

As discussed earlier the theme of power-dynamics within the therapeutic relationship appeared to have a significant impact in all of the men's experiences. Many of the men spoke about how they addressed these dynamics by challenging their therapists. The challenge appeared to emerge at times of rupture or miscommunication. Several of the men described how they viewed the challenge as a personal success for them and also a re-affirming of their commitment to the relationship and the process. Evan describes his journey moving from a vulnerable position to one where he feels able to challenge the therapist:

*“If it was a therapist? I mean I am usually strong enough to challenge! There are times when I am not, there were times when I have been extremely vulnerable and I wouldn't have been in that position. And I would have felt really hurt and normally, if it was right now I would say ‘Right what do you mean by that?!’”* (Extract 31, Evan, 126-129)

Evan and Carl also expressed the role of the challenge in giving their therapist the benefit of the doubt. Evan described his experience of maintaining an open mind and Carl repeatedly described the need to ‘thrash it out,’ with his therapist:

*“Yeah, I mean part of challenge, but try to understand what they mean. My experiences are different, I would say this why are you saying that and try and work through it really.”* (Extract 32, Evan, 357-358)

Carl also noted how he used challenging his therapist to negotiate who was contributing more to the relationship at that particular moment.

*“It was almost as if, on one or two occasions, that there were words put into my mouth and....But I thrashed that out, by kinda saying ‘I’m not saying that, are you saying that from your experience?’ And that just opened up a whole lot of conversation as well.”* (Extract 33, Carl, 41-43)

Challenge as a relational and therapeutic tool appeared to go both ways and a number of the men spoke about their experiences of challenge coming from the therapist which they described both as positive and something that facilitate greater connection. Darren and Frank both spoke about being challenged by their therapists in ways which helped them understand their own contribution to the dynamics. Arnold described seeking a challenging therapist and challenging his therapist as a part of his experience of ‘being met,’ and also something that facilitated a more complete relationship:

*“I want them to be questioning and provocative and they have to meet me as a unique and extremely complicated and rather bizarre person rather than as an example of a kind of psychological condition.”* (Extract 34, Arnold, 133-135)

Finally, Carl noted the impact of his ability to challenge as something that extended beyond the therapy and appeared to express a real sense of personal power as well as an identity beyond that of ‘victim’:

*“I think I do that in other aspects of life and sometimes too much. Challenging things, when I feel hard done by, not a victim!”* (Extract 35, Carl, 136-137)

### 3.3.2 – Negotiating the Context

As part of the exploration of their therapeutic relationships, and their personal autonomy within them, many of the men experienced power dynamics within the context of the therapy organization. A number of the men experienced difficulties, or boundaries, imposed by the context which resulted in a frustration that could be explored within the therapy but over which ultimately neither the therapist, nor the men had control.

Primarily two contexts were experienced by the men in these interviews (which impacted on recruitment and will be discussed in chapter 4); NHS and charity organizations. In both settings, the negotiation of the context, and of the therapy at times, left the men feeling out of control and appeared to contribute to an erosion of their feeling of personal autonomy regarding recovery. Evan described the degree that he felt that his social class and privilege impacted the therapy available to him and contributed towards a re-traumatizing dynamic:

*“I think, how life guides the approach for therapy, is it, because you say ‘you’ve got 6 months,’ or you are allocated a therapist and it’s at this time and this time...There’s no choice in it. [] But if you haven’t got money if you are working class in that situation. You’re not, you know, it’s like take it or leave it situation, so....you know? [] There is a power dynamic there definitely. It’s like if you walk right and there is nothing else and also how can you walk in and start a relationship of trust with anyone when you haven’t made any of the decisions.” (Extract 36, Evan, 231-241)*

Evan describes his experience of the procedural and organizational aspects at the start of his therapy as leading to a feeling of powerlessness that he associated with his social class and this appeared to connect to some of the feelings he described around his abuse.

Carl noted that in order to receive a CSA specific therapy he had approached a charity organization and he then faced a difficult and disempowering situation when the charity set a limit for his therapy, over which he had no influence, regardless of his financial situation:

*“That was the only thing, because I was in a charity, there was a timescale. I wasn’t ready to go. I had stuff still to finish. So I had to put in a case – saying ‘I actually want to finish this!!’ So that was a bit disappointing. [] It was like unfinished business really. We were still kind of, I needed to thrash out a few more things, you know? I felt it should have been at my pace. I appreciated where they were coming from with funding etc, but I found it disappointing you know?”* (Extract 37, Carl, 62-71)

Carl describes his frustration saying ‘I actually want to finish this!!’ within which he appears to be expressing the energy, and hope, that he had invested in his therapy which he viewed as being lost within a system that prioritizes, by necessity some would argue, the equal division of limited resources. Carl recognised this himself and the service appears to have recognised his commitment and need by allotting Carl further therapy. However his experience left him feeling that his needs and his contribution to the therapy were devalued.

Feelings of abandonment were reflected in five of the six men’s experiences. A number of the men spoke about how functional procedures (intake assessor being different from therapist) and unavoidable breaks (e.g. personal issues for therapist, or organizational issues in the context; breaks and moving buildings) all contributed to greater feelings of abandonment or lack of control. However they all reflected that they felt that their ability to discuss these issues with their therapist was connected with the degree of negative emotional impact and opened opportunities to explore past instances of abandonment if the therapy allowed these subjects to be thought about and discussed.



Arnold, who ended with two therapists outside of his control (one to death and the second to retirement) proposed an interesting theory as to why the ending reflected such a struggle for him:

*“I think it relates to something about abuse where the end of it also leads to (of course relief, I hated that abuse) but an immense sense of abandonment and loss of the attention.”* (Extract 38, Arnold, 330-332)

In describing the similar feeling of abandonment and lack of control between the end of his abuse and the end of his therapy Arnold appears to be exploring the deep significance of every aspect of the therapeutic process. The ending he is referring to here was with his last therapist: the one he was discussing in Extract 4. Arnold spoke about this therapy as being highly effective and as bringing him very far along his ‘recovery journey,’ and he surprised himself with his reaction to the ending. He noted the continuing impacts of his sexual abuse despite his ‘stage of recovery.’

### **3.3.3 – Accepting realities of being CSA Survivor**

It is very important to note that there was not one set of ‘realities,’ but rather that each man expressed a different experience of what it means to be a male survivor and each man appeared to express that, at some point within their therapy, they had to face more difficult or complex ‘realities’ about what their life entails as a survivor of sexual abuse. Accepting and exploring these realities appeared to be associated in all of the experiences with a sense of increased commitment to relating, as well as a development of a complex and multi-faceted self-concept.

Frank discussed his continued efforts to understand and get to know himself as something more than a survivor:

*“Because you get derailed as a little boy and you never know how much of the real you is who you are and what might have been had you not had your life totally screwed up by these dreadful experiences of being attacked by various people?”*

(Extract 39, Frank, 129-131)

Evan expressed a similar experience with a slightly darker humour. During his interview the concept of a ‘chicken or egg dilemma’, that is echoed in Frank’s description dominated much of Evan’s thinking about his experiences of therapy and of himself. At one point I reflected this back to him regarding his description of trust and he responded with this:

*“It’s certainly an egg, getting raped as a child is certainly an egg that got broken, so I mean it was never going to grow into a healthy chicken was it (laughs) that broken egg.”* (Extract 40, Evan, 401-402)

Evan also used this uncertainty about himself to fuel his inquisitive nature about relationships and others:

*“I had like a, I don’t know if it’s a self-fulfilling prophecy of my own – do I believe this because I am crazy or is this true? And the fact that I don’t cope with it well makes me crazy kind of thing, you know what I am mean, it’s like a chicken and egg thing. It’s like - are some of my world beliefs just totally off-kilter because of the experience I had? Or is it because of the experience I had I can’t interact with the world positively, so sometimes when people say something to me, especially in a situation like that then I just think well that’s not true as far as I’m concerned ‘it’s just not true,’ so tell me why you think it’s true, because I’m also, yeah maybe I’m wrong.”* (Extract 41, Evan, 360-366)

This exploration of his belief in himself appears to carry with it an undertone of self-deprecation but also pushes him to engage, something that he described as being outside of

his comfort zone, in an open-minded and explorative way that appears to have facilitated his positive relationship with his therapists.

Some of the men expressed a resignation with regard to their future. Frank and Darren suggested that they may need to engage with therapy periodically for the rest of their lives. Frank also expressed this as a strength. Carl expressed how he had to come to terms with the limitations of therapy with a degree of disappointment:

*“I think I was expecting my therapist to be...I did in some way I expected them to fix the abuse. I think in some way it’s a normal expectation. Cos a lot of people do in therapy. They think ‘I’ve carried this for years and the therapist is going to sort it now!’”* (Extract 42, Carl, 282-285)

Many of the men spoke about the societal positioning of CSA and their experience of this as part of their reality. Darren and Frank noted the unwillingness of the general public to explore the subject further than a headline or a scandal. Carl and Evan noted a sense of isolation within this societal unwillingness or incapacity to understand. Carl noted that even after breaking his silence he continued to feel this isolation and ultimately feels that it was his burden to carry alone:

*“I’ve told a lot more friends. Which has been good, but I’ve found that it’s really your own journey. I thought if I told my therapist, and I told my family and I told all my friends and got it out there then talk and talk. That’s all fine and it’s good to have it out there in the world but it all comes back to you and how you’re gonna deal with it and how you’re gonna overcome it.”* (Extract 43, Carl, 276-279)

However in reflecting on this disappointment and these realities, many of the men came to see their vulnerabilities and strengths as well as their residual anger at having been put into the

position of victim/survivor. Carl summed this up very well when I noted at one point what strength he had shown.

*“Yeah but sometimes I think it’s a strength that I didn’t ask for. I could have done without it but it has given me, you know? Like I’d have no problem confronting people about things. I think in that aspect; once you challenge something like that in your life other things are just small.”* (Extract 44, Carl, 294-297)

### **3.3.4 – Committing to the Process**

Ultimately all of the men spoke about their degree of commitment to the therapeutic process as a key part of their experience that contributed towards their sense of the therapeutic relationship and outcome. All the male survivors expressed a similar experience of increased commitment to themselves and the therapeutic process. This investment in their recovery appeared to feed back into the relationship with many experiencing an increased desire to engage and to challenge themselves and the therapist. Evan described how this commitment and drive would push him forward:

*“I knew I needed to do something I didn’t know how to do it, I didn’t know what it was. And so that, I have always had that in my brain – I NEED THIS!! And so whatever it was and no matter how difficult it was and whether or not it was specifically working right now, I need something. So let’s try this and see if this works, you know?”* (Extract 45, Evan, 293-296)

Evan spoke at length about this sense of drive. He noted that he was particularly inspired by a moment that happened within a men’s group session. He referred to this as an almost religious revelation and frequently when he felt unmotivated or disappointed he returned to this moment and his realization that *“I’ve gotta to do this for me!”* (L.204). Carl described facing a dilemma following a rupture with his therapist when he struggled to return but his drive and

commitment to himself as well as the positives he had previously experienced with this therapist pushed him to return:

*“I felt like saying ‘I’m not going back,’ after the break but I did and I was there in our first session back and we thrashed it out what went on.”* (Extract 46, Carl, 253-254)

Carl noted that this situation occurred approximately 18 months into his therapy and after he had developed a significant therapeutic relationship with his therapist. A number of the men referenced a sense of their ‘journey towards recovery’ coinciding with a building sense of commitment to the process. Arnold spoke about his experience with the very highly experienced therapist he met after years of other therapy (see, Extract 4) and he appeared to negotiate his perception of the therapist’s skill with a sense that he too contributed to the success of this relationship due to his own ‘receptivity’:

*“I think it just had to do with his skill and his speciality and also probably to do with my receptivity. I was at a stage in therapy where I knew how to use it.”* (Extract 47, Arnold, 79-80)

*“I think that the more therapy I did, the more I was trusting and willing to be pushed forward. That of course is the purpose of therapy, the trust with your therapist you then take out into the world”* (Extract 48, Arnold, 261-263)

In this second quote you can see that Arnold links his experience of commitment to one of trust and openness, which he felt able to bring to his subsequent therapists but also ‘out into the world,’ to the relationships that would continue once therapy ended.

### **3.4 – Theme 4: Trust is - “For me, I think, I think it’s about trust. Actually, it’s about trust, full stop!”**

The final master theme was that of Trust. Since this was one of the major questions within the research, it was made clear to the participants throughout the process. Within the interview questions they were asked about how they would define trust and how they experienced it within the therapeutic relationship.

Five of the men interviewed spoke about their struggle with trust and trying to negotiate it within the therapeutic space. The experience of the other participants was well summed up by Darren who said:

*“I think, for me and I think for a lot of survivors, that one of the most severe impacts, particularly when it’s prolonged child abuse. When it’s on top of absence of secure attachment, you don’t know what the word trust means.”* (Extract 49, Darren, 2-4)

Darren qualifies his statement here by noting the importance of the other attachment figures in his life. This was also reflected in the statements of Frank and Barry. Frank and Darren emphasized the compounded impact of their attachment situations and the sexual abuse and reflected that they felt that this had contributed to their feelings of trust in the therapy.

#### **3.4.1 – Trust is knowing**

The development of trust within the therapeutic space appeared to have been a process for the 5 men who explored it in detail. They reflected about how their CSA trauma had left them with a heightened sense of awareness around the subject of trust

*“I think I am probably more conscious of it, or survivors are more conscious of it than other people,”* (Extract 50, Evan, 118)

All of the male CSA survivors spoke about getting to know the other and learning that they are not there to hurt you. Barry, who felt that he did not have any difficulties around trust, nevertheless noted that he did not trust his previous therapist because he didn't get to know him and didn't feel known by the therapist. Frank spoke about having a deep sense of trust in his most recent therapist and his words reflected the same theme:

*"I think she knows me quite well now, you know, and I feel, I feel very comfortable with her and I can and have told her anything really,"* (Extract 51, Frank, 157-158)

When he remarks that he could tell her anything it feels that he knows this about her and feels comfortable in that knowledge.

Evan struggled with the word trust and reported that he felt more comfortable with the word knowledge. He summarized his experience and suspicion around the word, or the social conceptualization of trust-

*"I wouldn't even ever say I trusted anybody or even really say that I trust. But I would say that after a period of time, your knowledge and your experience of someone means that you don't think that they are going to harm you.[] I kind of walk around with the idea that people who trust are stupid really! It's like, em it's like [] I'm an atheist, I'm an atheist and for me trust and faith are like the same thing.[] My big problem, right is I don't think anybody trusts. People just use this idea and it's almost like a totem – I am a trusting person, which means I am a good person and I'm open to this experience and that one. But I don't think that anybody does walk into a situation, totally disarmed and totally naked and say 'Do your worst!' Nobody does do that."*  
(Extract 52, Evan, 104-106+111-113+384-387)

In his suspicion I experienced both a genuine criticism of a concept that is often used but poorly defined and also the guardedness with which Evan talked about his relationship with early therapists and more widely with people in general.

Many of the men spoke about the aspects that had helped them explore this ‘getting to know’, trust-building period and many of these aspects have been explored in earlier themes. Carl elaborated on which aspects most impacted his feeling of trust and this was echoed by Darren:

*“well I think trust is a key thing, isn’t it? Especially in the early stages, when you are opening up. You’ve got to trust that they are there for you that they are listening, that they, you know, won’t be shocked, that they won’t take that information and.....not yeah of course I knew they wouldn’t take it anywhere else but you know?... That they wouldn’t misinterpret it, you know, that....yeah trust is a big thing really because obviously your trust is taken”* (Extract 53, Carl, 83-87)

*“I suppose, a sense of confidence that I won’t be judged. A lot of it is around judgement and unfair judgement and that’s where my pattern with lack of trust has been.”* (Extract 54, Darren, 101-102)

Within these statements there appears to be a checklist of things to watch out for but perhaps more profoundly there appears to be references to previous injury, to times where trust has been ventured but has resulted in hurt; primarily in the original trauma but also in micro or macro interactions ever since that trauma. As mentioned previously, it is only within the context of the lost trust that the trusting and honest therapeutic relationship experiences appeared to take on their full significance. However it was the therapies ability to hold this significance and also a degree of de-emphasis, ease and comfortable normality that combined into the experiences that they men described as the essence of what they experienced in helpful therapeutic relationships.



### **3.5 – Summary**

The results of this analysis identified a number of themes and sub-themes which have been depicted in Fig. 1 on page 67. All of the male survivors described a process which began with the experiences and difficulties they had with finding and connecting with a therapist. They then described some of the aspects of the relationship which included negotiating male identity, power dynamics and external factors such as the context. They also detailed factors that contributed to a therapeutic relationship such as challenging the therapist, committing to the process, coming to terms with their realities and engagement with group work. Finally the male survivors were asked about their experiences of trust. The findings of the analysis will be explored in relation to other researcher and discussed further in chapter 5.

## **4 – Discussion**

### **4.1- Overview**

The aim of this study was to explore the experiences of therapy for male survivors of childhood sexual abuse with a view to providing insight into their experiences of the therapeutic relationship and trust. This was carried out by analysing the transcripts of 6 semi-structured interviews with male survivors using interpretative phenomenological analysis (IPA). The resulting themes have been explored in chapter 4. It is necessary to return to the research question and reflect upon whether they have been fully addressed. The main research questions were:

- 1 - How do male survivors of CSA experience therapy?
- 2 - How do male survivors of CSA experience their therapeutic relationships?
- 3 - How and do male survivors of CSA experience trust within the therapeutic relationship?

The results of this research helped illuminate some of the successes and difficulties experienced by male survivors within their therapeutic relationships as well as some of the experiences that the men interviewed considered helpful in building their relationships and trust. During the discussion following, I intend to explore these results in greater detail and with reference to other literature in the field. The experiences of the men who participated highlighted a number of issues; difficulties in finding a therapist, power dynamics, group work, intersection of masculinity and CSA, and trust in therapy. Initially I intend to reflect on the process and methodology of this research with regard to considering its validity, following which these subjects will each be explored and considered in light of the literature, social context, and ramifications for counselling psychology and considerations for future research.

## **4.2 – Methodological Considerations**

The research methodology in this study was chosen for its appropriateness for the client group under investigation and for the research aims; to explore therapeutic experiences in a way that would reap rich and complex descriptions of these complex processes. Due to the idiographic nature of interpretative phenomenological analysis the results generated are specific to the men interviewed and not being generalized to all male survivors. However it is hoped that the experiences described by these men may share some similarities with those of other male survivors and as such may contribute to other research in broadening understanding of this client group and may contribute to an understanding of the complex processes, within the therapeutic relationships described, in a way that appropriately reflects those processes for other therapists and counselling psychologists (Hill, 2005).

As mentioned in 2.8, every effort has been made to ensure the validity of this piece of research. The reflexivity section (2.7) and sections of transcript and analysis have been included to demonstrate transparency as to my position and personal influences as well as evidence of the rigorous analytic process. Nonetheless the double hermeneutic step necessary for an IPA analysis means that the resulting data is two interpretative steps away from the original experience and another researcher may have differing interpretations of the data presented by the participants.

The initial aim of this research included examining the relationship between male CSA survivors and female therapists. This was included for a number of reasons; homogeneity in the sample as is necessary for IPA (Smith et al, 2009) and as a female researcher it was felt that gender dynamics may emerge within the interview that would contribute to the richness of the data. However, following some initial recruitment efforts, a decision was made to remove the necessity for having worked with a female therapist as detailed in 2.3.3 (p.49). As

a researcher, I realized that my expectations about the therapy histories of the male survivors had underestimated the amount of therapy that may have occurred and the number of therapists. In a continuous survivor survey from HAVOCA (mostly recently updated 18-10-16) they asked survivors how many therapists they had worked with and although the highest proportion (c.27%) had worked with none, the second highest proportion had five or more therapists (21.5%). Research by Simpson and Fothergill (2004) explored gender stereotypes in the treatment of CSA and found that amongst practitioners almost half of those sampled felt that the gender of the therapist did not make any difference for male survivors and only 13 percent considered that a same-sex pairing was important. The results of this research in this regard will be discussed in 4.5. The preliminary question of the therapists' gender were maintained in order to explore any connection for future research.

In reflecting upon the gender difference between researcher and participants in this research, I also reflected on the literature that formed the basis of this work. Many of the main pieces of literature referenced in the literature review in chapter one and which helped to identify the gap in the literature which this research contributed to, were themselves conducted by female researchers; Maryam Kia-Keating, Frances Grossman, Ramona Alaggia, Zoe Chouliara and Sarah Nelson to name just a few. There are, of course, considerable contributions to the field by very notable male researchers such as David Finkelhor, John Briere, Richard Gartner, Edward Walker and others. Many of the female researcher mentioned above conducted qualitative research about male survivors of sexual abuse. Like those researchers, as mentioned, I too am a female researcher looking to give voice to a very male experience. I consider that this provided me with both a difficulty and an opportunity. Some of the men (e.g. Frank p.80) identified that my gender gave them the freedom to express emotional experiences and thoughts about therapy that they would not feel as comfortable expressing with another man. However as a female researcher exploring a male experience it was

identified, both within the literature (p.19) and the results (p.77), that male specific cultural norms and expectations contributed to the experience of the male survivor in therapy and despite reading about and developing my understanding of these experiences, I cannot understand them as lived experience. This is part of the hermeneutic steps within IPA and also contributed to my process of interpretation by limiting the degree to which I was willing to interpret. This is explored further below.

Due to the sensitive nature of the subject of sexual abuse there were a number of relevant methodological considerations that may have impacted this research. For ethical reasons (see section 2.3.1) only men who were considered robust, or had previously agreed to hear about research by their charity organization, were presented with the research recruitment material. Furthermore inclusion criteria were set such that participation required a minimum of 1 year of a therapy which would be completed at the time of interview. Again, these requirements were put in place to ensure robustness, significant experience and to prevent interference in the therapy. These recruitment criteria resulted in a group of six men who all spoke about being further along in their ‘therapeutic journey,’ and who all felt happy about where they were in relation to this journey. In this way it can be considered that the recruiting criteria that were necessary for the protection of the participants also influenced the results and may not share any similarities with men who are earlier in their ‘therapeutic journey,’ or who have struggled to find any substantial therapeutic relationship. Charitable organizations were chosen as areas where the population of male CSA survivors would be highest. However as it has been identified that this may impact the experiences of my participants (O’Leary 2009) and excluded male survivors who have come to the attention of professionals through other services (Alaggia, 2005, Spataro, Moss, & Wells, 2001). As IPA is idiographic by nature, it does not claim to be generalizable and therefore samples do not need to represent the entire

population. Nonetheless it is unfortunate that recruitment methods intended to protect participants can function to automatically exclude voices from research.

A further consideration was the decision not to duplicate the detailed demographic information or sexual abuse histories of the men participating. As mentioned, Becker-Blease and Freyd (2006) explored the ramifications of this type of decision and this was explored further in section 2.4.1 (p.52). However during the interviewing and transcription this decision resulted in a number of subsequent decisions that were relevant to the process. Participants were advised that the researcher would not be asking about or recording details of sexual abuse but that they, the participants, had the right to disclose what they felt appropriate. In one instance this resulted in a participant disclosing his entire abuse history before signing the consent form to start taping. In other instances details related to the sexual abuse were described during the interview and participants were assured that these would not be duplicated for inclusion in any research material. Therefore a decision had to be made to black out any area where a participant disclosed sexual abuse specific material or other identifiable information. This, naturally, lead to significant debate and consideration as blackened sections of text detract from the sense of transparency. However it was a boundary that had been established with the participants and within the consent procedure. It was hoped that blackened sections would represent for the reader that data could not be duplicated and alert them to the presence of this confidential information without breaking confidentiality.

In reflecting on the achievements and difficulties of this research, I consider my role as a scientist-practitioner as a source of both great benefit and also significant difficulty within this process. As mentioned in section 2.7, my experience and knowledge of the subject presented significant opportunities not just to protect participants ethically but also to meet participants from a place of some shared knowledge and understanding. I feel strongly, as I have mentioned in my reflexivity (2.7, p.61) that this contributed very positively to the

conversations that occurred and the data that emerged. However, in reflecting, on the interview and analysis process, I also found personal difficulty in knowing where and how to draw the line between researcher and practitioner. Smith et al (2009) point to the importance of avoiding excessive interpretation during the interview process. As a practicing trainee counselling psychologist, interpretation within an intense one-to-one conversation can feel natural. During this process the LeVasseur's (2003) 'persistent curiosity,' stance provided significant guidance in approaching the interview. However during analysis, interpretation is required, but only within the limits of the data provided. Again as a practitioner-researcher, situations arose where my interpretations were influenced by my therapeutic knowledge and while this is understood to be an useful element of IPA (Hill, 2005), it is also necessary to be aware of the double hermeneutics. I found this process to be a difficult balancing act, between taking the interpretation one step beyond what the participant had said and applying interpretations that may go further and cannot be checked with the relevant participant. To facilitate this balance, I sought the advice of my supervisors and another IPA expert. I also inserted reflections during the interview to ensure that I understood correctly what was being said at the time. None-the-less I considered this a complex process and I truly hope to have come close to an appropriate balance.

As a final note on methodology, it has been my experience through the course of this research that trust and relationship-building has entered into every level of the recruitment and interviewing process. Following research and ethics board approval, official phone calls and emails began in March of 2015. There was a difficult period in 2015 when charities were undergoing huge funding cuts and could not afford the time to help (Eleftherio-Smith, 2015). There were also a number of changes in the staff at various charities. Throughout these changes I maintained consistent contact with the organizations and introduced myself to the new relevant co-ordinators. Over the course of 2015 and into 2016, through these difficult

periods, I endeavoured to maintain my pleasant but persistent presence and I consider that this consistency played a role in the communication that I was a dedicated and interested researcher. I developed relationships that facilitated my recruitment and I am extremely grateful to those within the charities who helped me, who advised on how to recruit male survivors sensitively and effectively and who pushed for my recruitment information to be passed on to appropriate clients. The development and maintenance of trust was also necessary to facilitate the interview process. Becker-Blease and Freyd (2006) point to a paper by Brabin and Berah (1995) where individuals with extensive personal experience were trained to interview and Becker-Blease and Freyd noted that this may have created the most appropriate interview environment for rich data. I considered that presenting my professional experience upfront and taking a more relational approach to the interview would facilitate trust within the interviews and richer conversation, although I acknowledge my contribution therefore. As Darren noted, “*Survivors have a very, very finely tuned bullshit detector,*” and therefore I endeavoured to present myself as much as was appropriate to the research. I consider that this may have been successful as all of the men were very candid and honest about their therapies, which ultimately are intimate experiences. In turn I learned a great deal from these men, both professionally and personally. I will reflect now on what has been learned from this research.

#### **4.3 – Finding a Therapist to ‘trust’**

As highlighted in the analysis, particularly in the master theme ‘Finding and Connecting,’ but also reflected across many of the sub-themes, the experience described of developing trust and building a relationship appeared complex. The process began for the men interviewed before they had even met their therapist. The men interviewed all worked with multiple



therapists before finding one, or more, that they considered to be appropriate and although this may be considered a normal part of the therapeutic process, it was noted that during this process all of the men described some negative experiences and experiences they described as abusive. A number of the men spoke about a negative experience which had an impact on their further therapy, although all the men interviewed overcame these negative experiences and re-engaged with further therapy, this may not be the case for some other men and may represent a barrier to further therapy. Therefore it appears that the challenges in finding a therapist requires further exploration.

#### **4.3.1 – Positive experiences of connection**

Within this research the men spoke about a number of positive experiences and factors that contributed to finding a connection with a therapist. The men highlighted aspects such as therapist's experience with and knowledge of abuse, comfort around the subject and possible personal history as a survivor themselves. The first two factors were reflected in the research by Chouliara et al (2011, 2012) who conducted a comprehensive IPA with female CSA service users and providers and subsequently a meta-analysis on CSA survivors' perspectives of services. They found that therapist knowledge and experience were highlighted by female CSA survivors (Chouliara et al, 2011) and in a number of studies with male and female survivors (Chouliara et al, 2012). Nelson (2009) looked at male survivors in Scotland and also found that survivors valued when mental-health staff demonstrated '*empathy, respect, patience and informed understanding of abuse trauma.*' This also supports the findings of Middle and Kennerly (2001) with female CSA survivors who also emphasized 'being believed,' 'not showing negative reactions,' and 'not judging.'

The therapist as survivor relates to concept of the 'wounded healer,' which has existed since ancient Greece and was introduced into psychotherapeutic thinking by Jung (Zerubavel and

Wright, 2012). Briere (1992) and Gil (1988) wrote about the concept of the wounded healer in their books about treating childhood sexual abuse. Briere (1992) notes the challenges, particularly when wounded healers are unaware or inattentive to their wounds and this can result in poor management of countertransference or over identification. The ethics of self-disclosure have been explored in the wider literature (Zur, 2016). It was notable that the men also raised both positive and negative aspects to their experience of viewing their therapist as a fellow survivor. Research outside of CSA has been conducted by Audet and Everall (2010) who explored non-CSA clients' perspectives of self-disclosure and found that clients' identified both facilitative and hindering factors within similar areas to this research including; early connection, therapist's presence (being met) and engagement (committing to the process). This research found that, although few of the men had experienced a direct disclosure, their perception of their therapist as a potential survivor of CSA elicited similar experiences as to those identified by Audet and Everall (2010).

Further important factors that contributed to a positive experience of connection or continued therapy appeared to be around the possibility of equal challenge, negotiation of power dynamics and then the men's own 'stage in their therapy journey.' As noted at the start of chapter 3 (p.66) the layout for the themes in this research was based on the idea of a recovery journey as this was the over-arching narrative in all of the interviews. As was addressed in the methodological considerations, the men interviewed all had multiple years of therapy and self-identified as being further along in their 'recovery journeys.' The idea of a recovery journey is a complex one and requires some brief critique. Although a number of writers (Crowder, 1995; Dimock, 1988; Gartner, 1999; Hopton and Huta, 2013; Lew, 1988, 2004) have address the 'steps' for recovery from male CSA, it has been noted that these steps are not prescriptive and are frequently revisited repeatedly. Therefore the concept of being further or less far within a therapeutic journey appears to apply a sequential narrative that may

somewhat misrepresent the therapeutic process or the long-term outcomes for CSA. It has been noted that none of the men considered themselves to be completely finished with therapy and several of the men noted that they feel that they may return to therapy repeatedly throughout their lifetimes. However it is not my intention to imply that there is no possibility of recovery. All of the men interviewed spoke about their sense of how they have progressed and benefitted from therapy and future research using a narrative methodology could be applied effectively. Men also related their stage in their journey to their degree of receptivity of the relationship. Evan noted that he particularly benefitted in different ways from different therapeutic relationships that each suited the needs with which he was struggling at the time. Perhaps Arnold put it best when he was reflecting on his therapy and noted:

*“So one is not looking for the quick fix. One is looking for a meticulousness of curiosity and observation. So I like therapists that don’t jumped to conclusions and realize that there aren’t any conclusions, there is only process.”* (Extract 55, Arnold, 135-137)

#### **4.3.2 – Difficulties finding and connecting**

Carl and Evan noted that in their efforts to find trusting therapeutic relationships, they specifically went to a charity designed for survivors of abuse in order to find a therapist who would be able to work with an abuse history. This presents a challenge when many charity organizations face funding cuts, which may impact the amount and duration of services (Eleftherio-Smith, 2015). All of the other men spoke about receiving or seeking referrals to find a therapist who was capable of working well with male survivors. As noted in Extract 2 (p.70) Frank says that he would specifically advise other survivors to seek a referral rather than *‘just flicking through the yellow pages or the internet whatever.’* (Frank, 1.71) Following investigations, I have found that a number of local organizations, in London UK, providing

support services for CSA survivors, can also provide recommendations for private and voluntary sector counsellors who specialize in sexual abuse, which may be the case in other charities (Lew 2004). However, to access these services men must first self-identify as a survivor of CSA, which presents a serious barrier for those men who may struggle to disclose their abuse (Alaggia, 2005; Easton, 2013; Holmes, Offen & Waller, 1997; Romano & DeLuca, 2001, Sorsoli et al, 2008).

If men struggle to self-identify as survivors of sexual abuse, but are looking for therapy then they are more likely to be working with non-abuse specific therapists (Spataro, Moss & Wells, 2001) who may not be trained to work with sexual abuse and who may negatively impact the client through their own difficulties with the subject (Lab, Feigenbaum & De Silva, 2000). This is reflected in the experiences of Frank and Darren. Frank's experience supported the point made by Becker-Blease and Freyd (2006) when they said that not asking can perpetuate a silencing narrative. Frank spoke about his wish that previous therapists would have asked him about abuse and his frustration when they did not. Arnold and Darren also spoke about experiences with therapists whom they considered to be either inexperienced or insufficiently trained in the area of sexual abuse and the negative impact of this.

A number of the men spoke about their view of the therapist's qualification or theoretical orientation as it contributed to their experience of therapy and the relationship. Analysis of this would imply a suggestion of theoretical approach recommendations for male CSA or the debate of medical model versus common factors (Imel and Wampold, 2008). I do not feel it appropriate to comment on this for two reasons. Firstly as this research focused primarily on the therapeutic relationship it could be argued that this research takes a common factors approach in line with my epistemological stance. Secondly, with regards to the impact of type of therapy or qualification of the therapist on the relationship, the findings of this research showed no consensus amongst the therapeutic experience of the men relative to approach or

type of qualification. While many of the men expressed that they had a theoretical preference, Arnold, Carl, Darren and Frank also noted that it was not a particular theoretical approach or qualifications that influenced the relationship in their experiences but the degree of empathy and the capacity to work relationally that had the largest impact. Darren supported this in his experience with a woman who had no qualifications but was a survivor herself with extensive experience, while Frank noted that it was a very well qualified and respected psychiatrist whom he perceived as having been responsible for one of his most abusive experiences in therapy.

However there did appear to be consensus on the issue of sexual abuse knowledge and experience. All of the men expressed that therapists with greater knowledge and skill in the area facilitated the relationship, while those without much understanding or experience negatively impacted the men's relationship experience. The participants appeared to remain cognisant of their own contributions to these relationships. Darren and Carl particularly noted that they may have contributed to some dynamics that they experienced as unhelpful.

However Darren noted that ultimately he felt that it was the responsibility of the therapist to be knowledgeable about the area of sexual abuse and the dynamics that emerge, which will be explored further in 4.4.2.

### **4.3.3 – Results on finding and developing the relationship**

Therefore it is the finding of this research that the male survivors identified three areas of importance in their experience of finding a therapist. The first was the level of knowledge and comfort in the 'territory' of sexual abuse. The second was an openness to the subjective perceptions of the client and the third was an awareness of the therapists own issues and how they may enter the therapy. The findings seem to suggest that continued professional development, a self-reflexive stance and perhaps also a degree of supportive gate-keeping by

other professionals (supervisors and co-workers) are particularly important when working with male CSA survivors. Alan Corbett (2016) writes about the importance of these practices in his work with male survivors. Writing from his own experiences with a range of survivors he explores some complex cases and the complicated ways in which they have impacted him as a practitioner. He emphasizes the role of his supervision and self-reflection when working with this client group. He also explores the importance of knowing when to refer as well as the potential impact of the referral on the survivor.

#### **4.4 – Negotiation of Power Dynamics**

As explored in 3.2.1, power dynamics within the therapeutic relationship emerged as a concept that impacted all of the male survivors' experiences of their therapeutic relationship and their development of trust.

Power dynamics and imbalances factored into the experience of finding, meeting and connecting with the therapist (3.1), of negotiating masculinity in the therapy (3.2.2), of group dynamics (3.2.3), of challenging the therapist (3.3.1), of negotiating the context (3.3.2), of empowering themselves to commit to the process (3.3.4), and of trust (3.4). It was noted that power dynamics represented such a broad concept that a master theme of power dynamics would ignore the nuanced experiences captured in the master and sub-themes above.

A number of writers have emphasized the importance of power within therapy for abuse and the connection with the power imbalance in the original abuse (Lew, 2004; Etherington, 1995; Gartner, 1994, 2000). Within this research, the power dynamics experience by the male survivors appeared to break down into those experienced in relation to the context of the therapy and the negotiation of power within the therapy relationship itself.

#### **4.4.1 – Power Dynamics between context and relationship**

Evan, Carl and Arnold pointed to the ways in which context can contribute to an experience of power imbalance. These experiences related to aspects of the context such as the assessment and assignment procedures, communication from the organization and time-limit of the therapy. Arnold and Evan explored their experiences of assessment and assignment to a therapist. Arnold spoke about a powerless feeling of rejection connected to disclosing to an assessor and then being assigned elsewhere (L362-372). He noted that this triggered emotions that can be associated with the end of an abusive relationship and the complexity of this emotional experience appeared to remain deeply significant for him. Evan expressed that his feeling of powerlessness in the process translated into a feeling of disempowerment within the therapy (Extract 36, p.86). This research also supports the results of Chouliara et al.'s (2011) exploration of female survivors experiences when they noted that time restrictions can impact the survivor's willingness to engage.

Evan and Carl pointed to the boundaries imposed by organizations that they experienced (NHS and a CSA charity in this instance) and the feeling of powerlessness that they experienced when the duration of the therapy work appeared to be set by the limitations of organization rather than for the benefit of the men themselves (Extracts 35 & 36). In reflecting on Carl's experience of fighting for an extension of his therapy there is an example of how power dynamics can impact both the survivors' experience of being supported by the organization, the relationship with their therapist and also potentially their own sense of empowerment with regards to seeking support. Carl displayed significant courage and determination in fighting for his position and also noted that the experience contributed to his feeling able to stand up for himself. However, he also noted that he considers his determination and fight a character trait and while it benefitted him in this instance it is quite

possible that another, or many other, survivors would accept the time limit and may leave with feelings of frustration and reduced trust in the process and their therapist.

Ultimately the men interviewed experienced some power dynamics relating to the context as disempowering (Extracts 16,36), connected with traumatic experiences from the abuse (Extracts 18,19,37) and impacting their ability to challenge the therapist without fear of losing the support (Extract 36, p.86). Many of the men pointed out that these disempowering experiences contradicted the other growing sense of their own power to effect change and recovery for themselves. However Carl also acknowledged that some of these experiences can be related to or processed within the therapeutic work. Therefore the findings of this research would point to the importance of understanding how some procedural aspects of the therapy context may impact male survivors and the importance of exploring these power dynamics, and their impact with the CSA survivor, as part of the therapy.

In writing about deconstruction in therapy, Parker (1999) notes that aspects of the therapy enterprise itself and the therapy relationship should be deconstructed (unpacked to examine assumptions and consequences behind discourses or theories). Therefore aspects of psychotherapy culture and organizations that are frequently applied without significant consideration could benefit from deconstruction and examination within the therapy with male survivors. This also creates an environment for deconstructing social discourses that the male survivor may have taken for granted as will be explored in 4.5. Further research may be important to explore the appropriate duration for work with this client group with regards to relationship building and a therapeutic ending.



#### **4.4.2 – Power dynamics within therapy relationship**

The men in this study also spoke about a heightened awareness of power imbalances that emerged in the therapy relationship. The male survivors highlighted that power imbalances were experienced around issues of setting the agenda, at times of vulnerability, and if the survivors described feeling dismissed or not considered. Lew (2004), Dhaliwal et al (1996) and Romano and De Luca (2001) pointed to the ways in which mental health professionals can use active and passive denial and minimization with male survivors. This type of behaviour leads to a power imbalance that promotes the professional's power over the 'truth,' and disempowers the survivor. This has been identified as a significant issue within therapy power dynamics by Proctor (2002) and Zur (2009). Proctor (2002) noted that the role of therapist includes a type of power she refers to as 'role power' (p.8) and inherent in the therapist role is the concept of who has the knowledge. Proctor refers to Foucault's (1980) discourses of truth, whereby knowledge is used to 'justify the exercise of power.' (Proctor, 2002, p.43). Proctor also points to Foucault's (1980) 'regimes of truth,' as a set of rules that dictate what is true and false. Psychologists and psychotherapists working with male survivors may ground their work in theoretical approaches which contain 'regimes of truth.' Parker (1999) remarks that any practitioners who take their foundations from psychiatry and psychological systems 'also take for granted descriptions of pathology which often oppress people as they pretend to help them' (p.2). Therefore aspects of therapeutic theories can, if not deconstructed, contribute to a power dynamic of knower and known which does not allow for any of the connection and exploration that is highlighted in the theme 'Being met and held,' (3.1.3, p.73).

Interestingly, one of the major areas highlighted as important by the male survivors was that of therapist knowledge (3.1.1 and discussed in 4.3.1). This presents a situation where therapists are expected and valued by the men interviewed for being knowledgeable. This was

also reflected in previous research with survivors (Chouliara et al, 2011). However this knowledge could establish a dynamic of power that may cross the line into abusive power (Johnstone, 1989). To negotiate a balance between researcher knowledge and allowing the participant to be the source of lived experience knowledge, I chose Le Vasseur's (2003) 'persistent curiosity' stance, which allows for the existence of researcher knowledge but also prioritizes new information introduced by participants. There could be a connection drawn with some of Roger's (1951) core conditions. Frank, Evan and Darren all pointed to the importance of psychoeducation in their process, which contradicts the non-directive approach. It could also be argued that some of the complex interpersonal dynamics, explored by the male survivors in this and other research (e.g. Kia-Keating et al, 2010) would not be accounted for within person-centred work. However, as mentioned this research takes more of an integrative common factors approach, as is in line with Counselling psychology standpoint. Therefore the incorporation of the core conditions (Rogers, 1951) into an integrative piece of work that also, perhaps, applies a deconstructive approach, which itself is in line with reflexive practice, would appear to meet the need expressed by the male survivors interviewed to experience the therapist's knowledge while also maintaining an openness to the client as expert in their experience and the possibility of a meeting of these knowledge bases to create a therapeutic connection. Whittemore (1990) suggested that some services providers feel more comfortable to address the needs of female survivors than male survivors, which may link to power dynamics (Cooke and Kipneis, 1986), and there is an argument that within this there may be a struggle between gendered concepts around victimization (Spataro et al., 2001; Lab et al., 2000). This will be addressed further in 4.5.

#### **4.4.3 – Challenging as a power-balancing factor**

Challenging the therapist (3.3.1) emerged within all of the men's experiences as something which, when embraced by the therapist, contributed to a sense of personal empowerment as well as therapeutic trust. Zur (2009) examined Proctor's (2002) types of power in psychotherapy and argued that every type of power that can be used by the therapist can equally be used by the client to exert power over the therapist either productively or as abuse. Here the men interviewed appeared to use their own knowledge power helpfully to challenge role power. However Evan explored the increased sense of difficulty achieving this within a context where there is a tenuous sense of whether he will continue to receive therapy, while Evan, Frank and Arnold cited instances where their challenge received a negative response and ultimately resulted in a cessation of the therapy.

Across the interviews, the use of challenging the therapist appeared to be linked to moments of possible ruptures and appeared to serve the men and the relationship in three ways; to address issues of miscommunication, to create a more equal sense of power and to re-affirm a sense of trust in both the male survivor's and the therapist's commitment to the therapy. McGregor, Thomas & Read (2006), who looked at female CSA survivors' experiences of helpful factors within therapy, also pointed to dealing with errors as one of the key elements that contributed to an equal and respectful therapeutic relationship.

The challenge appeared to emerge more frequently within the therapeutic relationships that the men most valued. Participants cited particular instances of challenging their therapist as moments of risk, where they risked losing the relationship either at their own hands or the therapists, but also of success that lead to a deeper sense of trust and connection. I consider the findings of Walker et al (2009) on relating in those with histories of CSA and the increased difficulty of emotional flooding during conflict. For the male survivor to initiate a

challenge may require him to maintain his position, and motivation to stand up for himself, while experiencing emotional flooding. Kia-Keating et al (2010) looked at relational recovery for male survivors and noted relational management as a key area. Included within this were learning to set boundaries, managing angry feelings and learning to trust. It may be considered that, within therapy, challenging the therapist meets all of these factors within a safe environment.

The environmental and therapist factors contribute significantly to this safety and to the ability to challenge. Frank, Arnold and Barry all cited instances where their challenges were poorly received by therapists, in those particular instances by psychoanalytic or psychodynamic therapists. Frank noted a situation when his therapist employed what may have been a transference interpretation and this was experienced by Frank as judgement. Proctor (2002) explores the use of transference within the power dynamics of therapy. She points to the power exertion inherent in a therapist's claim to truth about the transference. Szasz (1963) notes that 'use of the concept of transference should not blind us to the fact that the term is not a neutral description but rather the analyst's judgement of the patient's behaviour,' (p.433) going further to note that 'Not everything is transference that is experienced by a patient in the form of affects and impulses....If the analysis appears to make no progress, the patient....has the right to be angry, and his anger need not be a transference from childhood.' The inherent power differential or therapist avoidance being described here appears to relate to many of the experiences of frustration described by Barry when he worked with a psychodynamic therapist with whom he did not have a positive relationship. This appears to be a significant aspect within the experiences analysed. Within this research, Frank gave two examples of relationship or possible transference interpretations. Firstly when one of his therapists suggested that Frank may be attempting to provoke jealousy (Extract 17, p.76), and the second being a subsequent therapist who identified Frank's avoidant behaviour within

the relationship ('playing the joker,' p.79). The first interpretation was experienced negatively, while the second was experienced more positively. Frank discussed the second relationship in a way that indicated more room within the interpretation for exploration of this therapist's contribution to said transference "*We never fell out, sometimes I would be serious and she was good. She was a motherly figure and I, I had always craved a motherly figure*". Frank appears to be describing the therapist's contribution and her behaviour but also how this behaviour interacted with his own transference. This may represent a more intersubjective approach, possibly from the relational school of psychodynamic therapy (Benjamin, 1990).

Again, there is no objective within this research to implicate one school as most appropriate for male survivors, but to explore the experience described by the men interviewed and to identify common factors or themes common to their experiences. Proctor (2002) points to the impact of inappropriate use of transference. She quotes Szasz when discussing the impact of a situation where a client challenges the transference interpretation but this challenge is dismissed by the therapist. 'Regardless of who is correct, analyst or patient, such disagreement precludes analysis of the transference,' (Szasz, 1963, p.434) and Proctor goes further to point out the impact on trust within the therapeutic relation and also within the client themselves. She describes how the therapist who claims to have access to a truth beyond the conscious awareness of the client may erode that client's ability to trust themselves. The therapist who refuses to acknowledge their own contribution also places their own behaviour outside the realm of examination (Proctor, 2002) which, for the male survivor of sexual abuse, may replicate the dynamic present with their abusers, thus misusing both the 'role power' and 'historical power' (Proctor, 2002) within the relationship and potentially creating abusive therapy experiences such as the ones described by the male survivors in this research. Therefore the findings of this research would suggest that therapist support of

challenge from the male survivor is important to facilitate a more equitable power balance in the relationship and promote a sense of empowerment and self-trust in the male survivor.

#### **4.5 – Negotiating Gender within the therapeutic relationship**

Gender and the therapeutic relationship represents an enormous area of research and writing. However for the purposes of this discussion I will focus primarily on the gender experiences of the men within this IPA, who all identified as cis-male (men whose gender identity is in line with their physical sex), and to the literature around cis-male CSA survivors in therapy, with some brief reference to non-survivor male literature. Half of the men also identified as homosexual and two of them also noted that their sexuality factored into their experience of their gender and this will be considered below.

Interview question 2 asked about whether they considered that their gender impacted the therapy and all of the male survivors expressed that they experienced the impact of their gender in the therapy. As summarized by Carl's statement *"because as a survivor, being a man, it maybe was more difficult on some level, talking about what I was talking about."* (Carl 19-10). Carl appeared to be negotiating a difficult connection between his masculine identity and his concept of himself as someone who was abused. This conflict was reflected across almost all the interviews and has been explored in detail in the literature (Gartner, 1999, 2000; Alaggia, 2005; Kia-Keating et al, 2005). However with the therapeutic relationship and trust as a focus, the subject of masculine gender and CSA survivor identities impacted the male survivors in a number of interesting ways.

##### **4.5.1 – Therapist gender and masculinity in therapy**

Simpson and Fothergill (2004) found that 48 percent of practitioners working with survivors considered the gender of the therapist to make little difference when working with male

survivors. However research by Yarrow and Churchill (2009) found that 87.5 percent of the practitioners that they asked about working with male survivors noted that the gender of the therapist did have an influence. The findings of this research would support those of Yarrow and Churchill (2009) from the perspective of the male survivors. For the survivors in this research, 5 of the 6 male survivors noted that their most impactful therapeutic relationships had occurred with a woman and the other man noted that he had multiple equally impactful therapeutic relationships and the majority of those had been with women. Frank explored the therapist-client gender dynamic in more detail and he noted that the gender of his abuser had a significant impact on his subsequent relationships with men. Evan (Extract 21) noted that in therapeutic relationships with male therapists he feels a greater expectation around masculinity. Frank (extract 17), recounted an interaction with a male therapist where he experienced an intervention, that may or may not have been an attempt at a transference interpretation, as an aggressive reaction to Frank's moment of vulnerability. This dynamic with his male therapist ultimately led to the termination of therapy and has been explored with regards to power in 4.4.3. It could be considered that the combination of working with a male therapist increased the impact of the power dynamic. Gartner (2000) explored this in detail in his paper about boys who have experienced sexual abuse at the hands of men. He noted the possibility for abusive counter-transference re-enactments particularly when the therapist is the same sex as the perpetrator. Another difference between the therapist whose transference interpretation Frank experienced as abusive and the therapist who interpreted his 'playing the joker,' which Frank experienced as helpful, was their genders. The latter therapist was female and Frank notes that as a result of his abuse he experiences males as inherently more threatening. This was also echoed in the research by Yarrow and Churchill (2009) who noted that therapist assignments for male survivors should be guided by the sex of the perpetrator.

However Yarrow and Churchill (2009) and Hall and Llyod (1989) note the possibility for a male therapist to act as a model for non-abusive male caring. The findings of this research would also support this in the accounts of Evan and Arnold who noted that therapy with a ‘gay male therapist,’ when safe, provided a space to explore some of the more complex aspects of relating to a homosexual man as a survivor.

#### **4.5.2 – Masculinity, emotionality and therapy**

The experience of opening up emotionally as conflicting with masculine identity and impacting the therapeutic relationship emerged as significant. Frank explored his difficulty negotiating his identity as a British man with a ‘stiff upper lip,’ (Extract 22) while working on deeply emotionally significant experiences. Writers such as Gartner (1999) and Kia-Keating et al (2005) have explored some of the contradictions between cultural concepts of masculinity and the experience of being a male survivor of CSA. Frank’s previous criticism that therapists did not consider that he may have been a survivor supported research by Lab, Feigenbaum and De Silva (2000) who wrote about how practitioners and parents can become complicit in a code of silence by failing to think to challenge their own stereotypes about males as survivors of CSA. Therapy for sexual abuse requires acknowledgement and exploration of complex and intense emotions, which contradicts traditional masculine characteristics such as stoicism (Kia-Keating et al, 2005; Good, Thomson and Brathwaite, 2005). Frank noted the added complication of the British cultural expectation of ‘stiff upper lip,’ which is not a gender specific characteristic but further adds to an expectation of stoicism.

In their exploration of male survivor’s experiences of containing and resisting masculinity, Kia-Keating et al (2005) found that the renegotiation of masculine expectations within the men served to facilitate their recovery process. For example the renegotiation of ‘standards of



physical toughness' into 'alternatives to violence.' However from the findings of this research it would appear that within therapy it would be very important that this process be guided by the male survivor themselves. Evan (who as noted has an impactful presence in person and dons several tattoos over his arms) described a situation where a male therapist attempted to explore his tough exterior but did so in a way that resulted in Evan feeling accused of being violent. This connected, for him, with the inaccurate stereotype of the 'vampire syndrome' (those abused will go on to abuse) and had a destructive impact on his trust in this therapist (Evan, L.41-60). I found it notable that my initial impression of Evan was of someone very powerful and somewhat intimidating. However within seconds of speaking to him my personal impression of him changed to someone who was open, honest, emotional and kind-hearted. This incongruence may well represent an important area for exploration in therapy. However Evan describes the experience of this exploration as being insensitive and triggering for him. This appears to provide an example of the real significance of waiting for the appropriate moment for an intervention with this client group as well as the necessity of a reflexive stance that examines the therapist's own preconceptions. Kia-Keating et al (2005) also speak about the renegotiation of stoicism into relating and connecting, which is supported in this research as all of the men expressed the benefit from experiences of relating and connecting in their personal therapy (3.1) and within their work with other men in group settings (3.2.3).

Hopton and Huta (2013) looked at the incorporation of male cultural expectations in a 'Men and Healing Model,' developed by a male focused psychotherapy charity and significant as it represents the first male-centric model of treatment for PTSD in men with a history of childhood abuse. Their research utilized a community sample and standardized measures and therefore could be generalizable beyond the participants of their research. They found that application of the Men and Healing model which incorporated aspects geared specifically

towards negotiating male cultural expectations and gender strain lead to significant improvements. Therefore the findings of the current research relate to the appropriateness of a male-centric therapy model and would suggest that further research may benefit from exploring the impacts of male-centric treatment approaches on the therapeutic relationship and trust. Hopton and Huta (2013) also emphasized the importance of group work within their evaluation.

#### **4.6 – Group work for male survivors**

Group work emerged as a significant factor towards the development of trust which was then applied within the individual therapy setting. A number of writers have pointed out the importance of group work for male survivors (Crowder, 1995; Gartner, 1997; Hopton and Huta, 2013; Lew, 2004; Sharpe, Selley, Low & Hall, 2006). Lew (2004) advocates for groups as they reduce feelings of isolation and provide a space to be heard, understood and believed by others who have had similar experiences. He points to the self-help group as a factor in countering ideas around powerlessness and helplessness amongst survivors. In discussing workshops Lew (2004) points to the ability of the male workshop to counteract impeding messages based on masculine stereotypes. It is this type of group that Evan is discussing when he speaks about a ‘kill or be killed,’ ‘miracle,’ experience (extract 27, p.81). His evocative description brings to mind a pressure cooker of emotions which both facilitates and forces the men to open up and the resulting expression of emotion he describes as both miraculous and an almost sexual surround, which relates to feminine descriptors and also could relate to aspects of the abuse experience. This pressured and yet facilitative environment would be difficult to create within an individual therapy, without significant risk of re-traumatization, and represents one of the major advantages of groups (Yalom, 2008). Evan spoke at length

about how the realizations he developed during these powerful group experiences extended into this personal therapy and supported him at difficult times to re-invest in his therapeutic relationship. Outside the literature for sexual abuse, Garfield (2010) looked at how men's group therapy contributed to men's behaviour in couples' therapy. He also noted that the men's involvement with group therapy facilitated development of emotional intimacy skills for men who struggled with conflict around traditional male roles. He also noted that the intimacy skills gained in group could then be applied within the individual therapy.

In his examination of how groups promote therapeutic change, Yalom (2008) identified 11 'therapeutic factors' 1) Instillation of hope 2) Universality 3) Imparting Information 4) Altruism 5) The corrective recapitulation of the primary family group 6) Development of socializing techniques 7) Imitative behaviour 8) Interpersonal learning 9) Group Cohesiveness 10) Catharsis and 11) Existential factors. When these factors are viewed from the lens of male survivors of sexual abuse and relationships of trust, it becomes apparent why the male survivors in this research identified the group as a key factor for their therapeutic journey and the enhancement of their individual therapy relationships.

'Instillation of hope,' connects with the journey of recovery narrative that all of the men in this research engaged with. Meeting other men at different stages of the journey inspires hope and builds a collective enthusiasm for therapeutic change. 'Universality,' was directly referenced by both Barry and Evan as a factor that contributed to their development of trust in others within the group situation and is addressed by Lew (2004). 'Imparting information,' was identified by Darren and Frank and forms the first phase of the Men and Healing Model for survivors of sexual abuse described by Hopton and Huta (2013). 'Altruism,' emerges in groups when members listen to or help another member. Kia-Keating et al (2010) identified the importance of altruistic behaviour in their IPA analysis of relational recovery experiences for male survivors. 'The corrective recapitulation of the primary family group,' is particularly

important. It is identified in Lew's (2004) writing on male survivor groups. Issues within the primary family group were discussed by Barry, Darren, Evan and Frank. Darren articulated the relational impact of compounded family and sexual abuse trauma "*When it's on top of absence of secure attachment, you don't know what the word trust means.*" (Darren, 1.3-4). It has also been reflected in the research that attachment issues compound sexual abuse trauma (Godbout et al, 2013, Walker et al., 2009). 'Development of socializing techniques,' was particularly reflected in the account of Evan who noted that isolation played a significant role in his relationship difficulties and impacted his individual therapy. The group environment also reveals some of the behaviour patterns that may be connected to the attachment issues associated with CSA that may be linked with poorer outcomes (Godbout et al, 2013).

'Group cohesiveness,' and 'catharsis,' represent two significant factors within the findings of this research and within the wider research. Evan's description of the building pressure to open up emotionally demonstrated the way in which the men spoke about these two of Yalom's (2008) therapeutic factors coming together. A number of researchers have written about the gender expectations that can prevent men from expressing themselves emotionally (Garfield, 2010; Hopton and Huta, 2013; Kia-Keating et al, 2005; Sorsoli et al., 2008). In this research the male survivors identified that the experience of group cohesiveness facilitated catharsis which in turn promoted further expressions of emotional vulnerability within the group and personal therapy. This process appeared to promote the development of trust and the male survivor's investment in their therapeutic relationships.

The emergence of male group therapy as an experience that contributed to greater trust and strength in the individual therapeutic relationship was an unexpected outcome of this research. Entering into this study my focus had been solely on the individual therapy relationship and groups did not factor into the literature review. However it was notable that five of the six men interviewed spoke about the impact of their group experiences. Therefore I felt it was

necessary to widen the scope to include the impact of their group experiences. Nelson (2009) recommends the provision of group work opportunities for male survivors in Scotland. The findings of this research re-iterate this need, as many of the participants expressed that the group experience was an intricate part of their process and contributed to their individual therapy experience. Therefore those working with male survivors should consider other avenues of support that may be available to their client such as a group therapy or a weekend workshop for other male survivors.

#### **4.7 – Trust within the therapeutic experience of male survivors**

The aim of this research to explore the concept of trust within the therapeutic relationships of male survivors of CSA emerged from previous research that highlighted the importance of trusting relationships for recovery of male survivors of CSA (Chouliara et al, 2011, 2012; Gill and Tutty, 1999; Lew, 2004; Kia-Keating et al, 2005, 2010; Nelson, 2009; Yarrow and Churchill, 2009). However the male survivor's experience or conceptualization of trust did not appear to be well explored within the literature.

The male survivors in the current research were asked about their definition and experience of trust and the findings from this study appeared to reflect that trust was an experience of mutual knowing that facilitated them feeling understood without judgement while also feeling assured that their therapist's intention was not to harm them. This appears to link in with the relational concept of trust as described by Simpson (2007b) and the developmental concept of epistemic trust described by Sperber et al. (2010) and Fonagy and Allison (2014). As Carl points out (Extract 53, p.95) 'trust is taken,' at an early age when children are developing epistemic trust and therefore this process may be greatly impaired by the experience of sexual abuse by a trusted adult (Allen, 2012).

Interestingly, in his description of his issues with the concept of trust (Extract 52, p.94), Evan perfectly described the process of epistemic vigilance and epistemic trust; “*Vigilance (unlike distrust) is not the opposite of trust; it is the opposite of blind trust.*” (Sperber et al, 2010 p.363). Evan highlights the further development of this process for him within the context of therapy and group work. He noted that his earlier experiences of a sexually inappropriate therapist did not, in his opinion, hamper his process of developing epistemic trust as it occurred early in his therapeutic journey and fitted in with a previous knowledge or expectation of how adults in authority will behave, or perhaps with his previous attachment style expectations (Karakurt & Silver, 2014). Arnold, Darren and Frank all spoke about their process of developing trust and knowledge of their therapists as someone who was genuinely interested in helping them. Arnold spoke about taking 2 years to ‘come into the room,’ while Darren spoke about his difficulty in hearing or accepting care from any of his initial therapists (Extract 30, p.82). Arnold, Darren, Frank and Evan shared an experience of a building level of knowledge of therapy and of their therapists that facilitated an experience of trust and which could then be more quickly established with the next therapist. Arnold described this process “*I think that the more therapy I did, the more I was trusting and willing to be pushed forward*” (Extract 48, p.92). This finding would appear to suggest that a positive therapeutic relationship involves a significant period of trust building through cues to reduce epistemic vigilance (Fonagy & Allison, 2014; Sperber and Wilson, 1995, Sperber et al, 2010; Sperber, 2013) and could impact relational symptomology similarly to the ‘buffering effect’ of a strong maternal attachment described by Liang et al (2006). Further research would be required to understand if this experience could be generalized to all male survivors.

Important therapeutic factors needed by these men as cues to reduce their epistemic vigilance and facilitate the development of this trust were highlighted by the male survivors in the results on connecting and being met (3.1). The conditions described also related to trust as

experiencing the therapist ‘knowing’ the male survivor and understanding him in a non-judgemental way. This reciprocal trust has been described by Lew (2004) and Corbett (2016) as an essential factor in the relationship with male survivors.

#### **4.8 – Implications for Counselling Psychology**

The findings of this research have a number of implications for therapists and counselling/clinical psychologists working with male survivors of CSA. Firstly it would appear that aspects such as the therapist’s knowledge and understanding of the area and of the impact of sexual abuse, their understanding of how power dynamics (within the therapy and context) may interact with the trauma and how concepts of masculinity, from both the therapist, and the client, can helpfully be negotiated within the therapy, all have a substantial impact on the therapeutic relationship and on the male survivors experience of trusting the therapist.

HCPC standards of proficiency (2015) state that practitioners are responsible to know the scope of their practice based on their knowledge, skills and experience in various areas. The findings of this research also emphasize that insufficient knowledge of or experience in the area of sexual abuse can have a detrimental impact on male survivors. Therefore it would be very important that those counselling psychologists or other counselling practitioners who may work with male CSA survivors pursue further training in this area or acknowledge the limits of the scope of their practice and refer on male clients who disclose (HCPC: 1.1, 2.1, 2015; Draucker & Petrovic, 1997). However as noted by Arnold a referral can appear as confirmation of low self-worth and it is therefore important that any referral be completed in a way that communicates to the survivor that the referral is designed to achieve the best care and therapy for them and is not a rejection (Arnold, L362-372, HCPC: 2.1; Corbett, 2016).

Secondly the male survivors in this research spoke repeatedly about experiences where they felt their therapist's personal issues impacted the therapeutic relationship; from positively in a shared sense of CSA survivorship to negatively where the therapist was dismissive (Frank L 264) or allegedly sexually inappropriate (Evan L7-8). Gartner (2000), Briere (1992) and Corbett (2016) all point to the risk of therapist personal issues impacting the therapy. It would appear that work with male survivors of CSA requires a high level of self-awareness and possibly also a higher level of gatekeeping from those other psychologists (supervisors and peers) who work with those who are working with the survivor. HCPC (2015) guideline 11.5 for counselling psychologists requires critical reflection on the use of self and the findings of this research have shown that this would appear to be particularly important for male survivors.

Counselling psychology professional practice guidelines (BPS, 2005, HCPC: 5.1, 2015) highlight the need for counselling psychologists to recognise social contexts and discrimination. It has been a finding of this research that the men interviewed were all impacted by some of the social constructs around men, sexual abuse and therapy that, at times, were experienced as emanating from their therapist, as well as from themselves. Due to the interpretative phenomenological approach of this research, it was not possible to fully explore the social constructivist implications of these experiences. However further research in the area could make use of grounded theory techniques in building a greater understanding of these experiences. It would be important for counselling psychologists and other practitioners working with this client group to develop their understanding of these issues and examine some of their own personal constructs around masculinity in relational to CSA to ensure that they do not unwittingly impede upon the processing of their male CSA clients.

As explored in sections 3.2.3 (p.81) and 4.6 (p.121) group therapy emerged as an important experience for the male survivors and one that contributed positively to the individual therapy



relationship and trust building. Currently counselling psychology trainees must be able to provide individual psychological therapies and an ability to provide group therapy will depend on placement experience (BPS, 2015). At the University of Roehampton there is an experiential group module in which students experience and study group dynamics. However on the basis of the findings of this research it would appear that understanding and ability to facilitate a psychotherapy group would be an important asset for any practitioner or organization wishing to work in the area of male CSA survivors (Nelson, 2009). The provision of such a group would, based on the experiences of the male survivors in this study, be beneficial to the survivors. A number of the men also spoke about attending weekend work-shops. Therefore it may be important for those working in the area to be aware of workshops occurring locally as well as the potential impact of these experiences. The highly pressurized but facilitative experience described by Evan (Extract 27, p.81) may also be experienced less positively, such as Carl feeling lost in the group but responsible to continue for others. (Extract 29, 90).

Finally Counselling psychology also involves a role in advocacy, policy making and social justice (Harper, 2016; Lewis, Ratts, Paladine & Toporek, 2011) and therefore the advocacy for the interests of male survivors would appear important. Nelson (2009) identified a greater need for support services and funding in Scotland. The experiences of the male survivors, although some were historical, reflected the impact of funding issues in the therapy organizations in Britain (e.g. Carl p.87). At the time of completing this research, reports were emerging from the football association in the UK about male survivors and abusers (BBC: 24/11/16). Events such as these are important as they provide a platform and an impetus for other survivors to speak, as indicated by the numbers of calls to the NSPCC (BBC: 24/11/16), which has been shown to be difficult for men (Alaggia, 2005; Kia-Keating et al, 2008; Easton, 2013). However, unless there are services available, supported by financial and governmental

backing and staffed by appropriately qualified and experienced therapists, the momentum and opportunity from events such as these will be lost, resulting perhaps in higher numbers of disclosures but not necessarily in higher numbers of men receiving effective treatment.

## **5 - Conclusion**

The current research explored the therapy experiences of male survivors of childhood sexual abuse and their understanding and experience of trust in therapy. An Interpretative Phenomenological Analysis has facilitated the development of a rich account of these experiences for male CSA survivors, which had been identified as a gap within the existing literature. The findings were consistent with previous research in the area of female survivors and related research in the area of male CSA and provide further detailed understanding of these experiences for male CSA survivors. The findings have also highlighted other aspects that contribute to the relationship and trust experiences, such as the context of the therapy, therapist factors or some of the cultural expectations of masculinity that contribute to the male survivor's therapy experience. This has, therefore, highlighted for practitioners or future researchers areas of consideration.

### **The key findings of this research have been:**

- 1 –That the process for connecting and trusting a therapist may helpfully prioritize the survivor's search for cues to reduce epistemic vigilance, for which experience and knowledge of sexual abuse were most highly valued by the male survivors when it was connected with equality of power, understanding and non-judgement.
- 2 - Masculine gender identity and cultural expectation around masculine identity contributed, for these male survivors, to the therapeutic relationship in significant ways which it was necessary for them to explore, although, it was particularly important that the exploration be guided by the survivor themselves.
- 3 - Group work represents a medium to negotiate conflicts between masculine gender expectations and male childhood sexual abuse and it also presents a facilitative environment

in which many of the male survivors developed and enhanced relational skills and trust experiences.

4 - The male survivors experienced a process of relationship with themselves and acceptance of their experiences which contributed to a greater trust of their own process and acceptance of their needs: a significant aspect of this process for many of the male survivors was challenging the therapist, which served to increase the equality of power dynamics, empowering the survivor and strengthening the relationship, when supported and embraced by the therapist.

5 - Finally the experience of trust within the therapeutic relationship appeared to be one of reciprocal knowing; described by the male survivors as getting to know that their therapist would not judge or mistreat them, while they also developed a sense of being known and understood by the therapist such that they could introduce traumatic material with confidence. The process described reflected a process of epistemic vigilance reduction and epistemic trust development and the male survivors also described an accumulative effect, building from one therapy to the next, or between group work and individual work.

The processes and experiences described by the male survivors in this research were both superficially simple and deeply complex, profoundly normal yet deeply significant. The essence of this complex combination was summed up in the theme extracted from the words of the survivors, that of 'being met.' This experience that could be viewed as something superficial, yet within the context of therapy it takes on added meaning and for these male survivors encompasses a depth of relationality that directly contradicts the more traumatic impacts of the abuse; isolation, shame, guilt and fear of relating. Their experiences were replete with both successes and failures to negotiate these contradictions within their therapy relationships. However the male survivors in this research continued their commitment to

therapeutic relationship and their recovery journey and through continued perseverance, they report achieving a recovery that is meaningful to each of them.

On a personal note, this research endeavour, while deeply challenging at points, has contributed to significant insights for me into my professional and personal experience. I began my career as an assistant psychologist in a locked facility for young male sex offenders, of whom approximately 60 percent would have been survivors of sexual abuse themselves and who were, in some cases, labelled as an offenders for the actions they took as part of their own abuse. This was a trial by fire for me and the experience moulded me as a psychologist and a researcher. The relationships I developed with those young male survivors inspired my interest in the therapeutic relationship and its importance for therapy. The experience of undertaking and recruiting for this research has, however, furthered my understanding of the difficulties faced by male survivors of CSA within professional mental health services and the wider UK culture. I have noted to supervisors and others that I was brought to tears on more than one occasion when a male survivor chose to approach me and participate in my research. Partially because, at some points, I did not think it would happen, but more so because the more I understood of the context, the greater the significance I attributed to the act of participation, to not only to disclosing being a survivor but also to discussing the intimate relationships of therapy. And yet, more than one of the men pointed out that I may be exaggerating this significance. Ultimately, I think that it is both the bravest and most ordinary act and this theme of deep significance combined with complete normalcy permeated much of the discussions in which we engaged.

Though I had considered that I had an understanding of the subject, experiences such as the ones described above, and many others during this research and the interviews, have challenged my assumptions; deepening my understanding of the subject but also my understanding of how much more there is to learn. I will endeavour to go forward with this

knowledge and to maintain a 'persistent curiosity' in every encounter to continue that learning after I have completed this thesis.

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## **7 - Appendices**

### **7.1 - University of Roehampton ethical approval**

Ethics Application Ref: PSYC 15/ 162

Dear Catherine,

Ethics Application

Applicant: Catherine Moriarty

Title: Exploring trust and the relational experience of male clients receiving counselling from female therapists for childhood sexual abuse

Reference: PSYC 15/ 162

Department: Psychology

Many thanks for your response and the amended documents. Under the procedures agreed by the University Ethics Committee I am pleased to advise you that your Department has confirmed that all conditions for approval of this project have now been met, but please note the following minor condition.

Minor Condition:

I am pleased to confirm that the risk assessment for your project has been reviewed and approved by the Head of Health & Safety. A minor condition has been recommended to this:

Please copy the following paragraph from the application form into the existing control measures section of the risk assessment form

i. The participants will be interviewed in a location that they feel safe and at a time that suits their needs. This will not be in their home but ideally the charity location in which they received their therapy. As the researcher personal safety will be paramount. Others will be informed of my location and I will phone a friend before and after each interview.

As this is only a minor condition it is assumed that you will adhere to this condition for approval and therefore we do not require a response. We do not require anything further in relation to this application.

Please note that on a standalone page or appendix the following phrase should be included in your thesis:

The research for this project was submitted for ethics consideration under the reference PSYC 15/ 162 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 17.03.15.

Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.

Many thanks,

Jan

## 7.2 – Advertisement

[www.maleCSAresearch.com](http://www.maleCSAresearch.com)

### *Advertisement*



*Are you a male survivor of childhood sexual abuse?  
Have you received Counselling or Psychotherapy with a  
Female Counsellor/Therapist?*

*If so would you consider sharing some of your  
experiences of therapy for research purposes?*

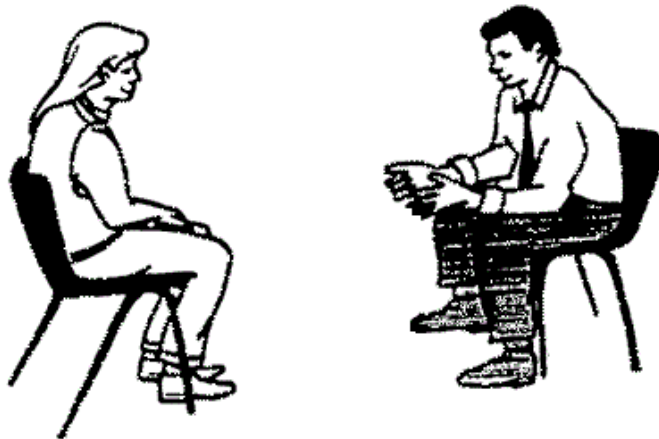
*I am interested to explore participants' perceptions of  
the therapy process including issues of trust building.*

*For more information please email  
[moriartc@roehampton.ac.uk](mailto:moriartc@roehampton.ac.uk) for an information pack.*

*Research approved under the procedures of University of Roehampton's  
Ethics Committee*

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## Seeking Participants for research about the experience of being a male survivor of childhood sexual abuse and undergoing therapy

Looking for men who have undergone a course of therapy with a female therapist for an abuse that occurred in childhood (prior to age 13).

Can you spare one hour to speak with an experienced researcher and help further the understanding of men's experiences of therapy for childhood sexual abuse? If so please contact for an information packet. Interviews to be held between March and September 2015

Contact - Phone: (research dedicated phone number)

Email: [moriartc@roehampton.ac.uk](mailto:moriartc@roehampton.ac.uk)

### 7.3 – Recruitment Email



To whom it may concern,

I am emailing following our brief telephone conversation, regarding research into male survivors of childhood sexual abuse.

In my research I am looking at the therapy experiences of men who have a history of childhood sexual abuse and are working with a female therapist. I am looking to recruit participants who would be willing to attend an interview regarding their experience of receiving therapy.

In particular I am looking at the therapeutic relationship and the development of trust. The interview will be semi-structured and no participants would be asked to discuss aspects of their abuse. Interviews would specifically involve completion of a brief demographic questionnaire and then the semi-structured interview which would be expected to take an hour in total. Interviews will be held either in Roehampton University or in a room within your organization, where this can be arranged.

Recruitment criteria are as follows – Men who are near completion of therapy, who have an experience of sexual abuse starting prior to the age of 13 and have worked with a female therapist.

Participants who were interested would be asked to contact the researcher and will then receive an information pack a demographics questionnaire and a copy of the consent form.

If you could present the research opportunity to clients that you feel would be appropriate this would be greatly appreciated.

The research has been approved under the procedures of the University of Roehampton's Ethics Committee.

For more information regarding the research contact me at [moriartc@roehampton.ac.uk](mailto:moriartc@roehampton.ac.uk)

Sincerely,

Catherine Moriarty

DPsych Counselling Psychology Student

University of Roehampton

## 7.4 – Preliminary Questionnaire



Participant ID Code: \_\_\_\_\_

### **Preliminary Questionnaire**

Please complete this questionnaire and return it to the researcher at the time of your interview. Please do not include any identifiable information on this questionnaire as confidentiality is important. The code that you will see in the upper right corner will be assigned to all your data so that it can be stored together and destroyed should you choose to withdraw your consent at any time.

What is your age?

\_\_\_\_\_

Were you younger than 13 at the time your abuse experience began?

\_\_\_\_\_

Have you had counselling before? If so for how long?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of counselling have you experienced?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the gender of your previous therapists, if any?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7.5 – Participant Information Sheet



### **Participant Information**

What is this research about?

Undertaking therapy after an experience of childhood sexual abuse can be a difficult process. The experience of talking and opening up to one individual involves a level of trust that can be impacted by the trauma. This project aims to look at this experience from the perspective of men who have worked with female therapists. Therefore the research will look at information gathered through interview with 6-8 participants who have had these experiences. The project looks to really explore each participant's individual experience with a goal of gaining information that might be useful in improving therapy services for men.

### **What will be involved?**

Included in the information packet is a questionnaire and a consent form. The questionnaire will have a specific identification code on the top. This will be the code assigned to all your data. Please complete this questionnaire without including any personal identifiable information. This is done to keep your information confidential.

An interview will be arranged at a time that suits the participant. The interview will take place in either the University of Roehampton or the counselling offices of your relevant organization and will require approx. 1 hour. The interview is designed to be comfortable, with the objective of giving all participants space to discuss their personal experience without being overly intrusive. There will be a short list of questions around the subject of the therapeutic relationship and trust building. Questions will relate to your relationship with your therapist, whether you grew to trust them and how this was experienced.

The interview will be audio recorded. The tape from the interview will be transcribed and all participants will have the option of receiving a copy of this to ensure that everything is properly represented. Everything will be kept in strictest confidence and therefore no names or information that could identify participants will be included in the transcript. Each participant's code number will be used to identify their tape and transcript.

### **What happens to the transcripts of the tapes?**

Transcripts will be analysed to look for themes that emerge from what has been said. This will be done with supervision to ensure that any themes pulled out are an accurate representation of the information given. Then themes are compared across multiple interviews. The aim of this is to gain an understanding of similarities and differences between the experiences and these will be discussed in the report. Small snippets of quotes may be included in the completed report. However the report will mostly contain the overall themes extracted from the transcripts of all participants.

**Can I withdraw my consent?**

Participants have the right to withdraw their consent at any time, without needing to explain the decision. In this case all data relevant to the individual ID code will be immediately destroyed. However it should be noted that data in an aggregated form may still be used. Otherwise data will be safely stored in a confidential manner for a period of 10 years.

## 7.6 - Consent Form



### **PARTICIPANT CONSENT FORM**

**Title of Research Project: Exploring trust and the relational experience of male clients receiving counselling for childhood sexual abuse**

#### **Brief Description of Research Project, and What Participation Involves:**

This research aims to explore the experience of undergoing therapy after experiencing childhood sexual abuse. The focus of the research is the relationship between participants and their therapist. Participation which is taking place in Roehampton University/ Organizational offices of \_\_\_\_\_ will involve completely a brief questionnaire and attending an interview for approx. 1hr in length. A second interview may be conducted if requested by the participant.

Interviews will be audio recorded and transcribed in a confidential manner, excluding all identifiable information. All interview and other information will be kept strictly confidential except if there is a serious concern that there is a risk of harm to participants or others.

Participants have the right to withdraw consent and ask for their data to be destroyed at any time, without explanation, however it should be noted that some data in an aggregated form may still be used/published.

Participants should feel free to ask any questions they have regarding the research to the researcher before consenting.

#### **Investigator Contact Details:**

Catherine Moriarty

Trainee Counselling Psychologist

Department of Psychology

Roehampton University

Whitelands College

Holybourne Avenue

London SW15 4JD

Contact number: (research dedicated phone number)

Email address: moriartc@roehampton.ac.uk

**Consent Statement:**

I agree to take part in this research, and am aware that I am free to withdraw at any point without giving a reason, although if I do so I understand that my data might still be used in a collated form. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings, and that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University's Data Protection Policy.

Name .....

Signature .....

Date .....

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

**Director of Studies Contact Details:**

Dr. Janek Dubowski  
Department of Psychology  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD  
020 8392 3214

**Head of Department Contact Details:**

Dr. Diane Bray  
Department of Psychology  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD  
020 8392 3627

This research has been approved under the procedure of the University of Roehampton's Ethics Committee.

## 7.7 – Participant Debriefing Form



### **PARTICIPANT DEBRIEFING FORM**

#### **TITLE OF RESEARCH:**

Exploring trust and the relational experience of male clients receiving counselling from female therapists for childhood sexual abuse

#### **DESCRIPTION OF THE PROJECT:**

This study is designed to explore the therapy and trust building experiences of male survivors of childhood sexual abuse working with female therapists.

Having completed this interview, I would be grateful if you could sign to acknowledge the following:

- That this interview was conducted in an ethical and professional manner.
- That I have been assured that the analysis for the doctoral thesis and any future publications from this research will maintain my anonymity.
- That I have been informed of my right to withdraw my consent, without further explanation at any time and have been informed that in this case my data will be destroyed but some data may be used in a collated form.
- That the recording of this interview, the transcript and the questionnaire will be stored securely and confidentially by the researcher for a period of 10 years and then destroyed.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Print name: \_\_\_\_\_ Researchers name: \_\_\_\_\_



**Whom to contact for more information:**

The subject of this research is sensitive in nature and it has been considered by the researcher that participants may experience thoughts of memories during or after participation that could cause distress. For this reason it is important that participants take steps to protect themselves. It may be helpful to contact the following support lines:

**The National Association for People Abused in Childhood (NAPAC)**

Call **0800 085 3330** for free from landlines, 3, Orange and Virgin mobile phones.

Call **0808 801 0331** for free from O2, T-Mobile and Vodafone mobile phones.

NAPAC provides a national freephone support line for adults who have suffered any type of abuse in childhood.

Telephone support line opening hours: Monday – Thursday 10:00am-9.00pm  
and Friday 10.00am-6.00pm

Website: [www.napac.org.uk](http://www.napac.org.uk)

**SurvivorsUK**

**Call 0845 122 1201**

National Helpline for adult male survivors of rape or sexual abuse.

(Monday and Tuesday between 7pm and 9.30pm or Thursday between 12pm and 2:30pm)

Website: [www.survivorsuk.org](http://www.survivorsuk.org)

**Samaritans**

**Call 08457 90 90 90**

The Samaritans offer 24 hour helplines.

[www.samaritans.org](http://www.samaritans.org)

Finally you may also feel that you wish to contact the researcher following the interview, if something comes up that was not discussed the first time it may be possible to arrange for another interview. Your input is incredibly valuable, as the basis of this entire research piece, and it is important that you feel heard and understood. Therefore the researcher will be contactable during normal business hours at the contact details below.

Thank you for taking part in this study.

**Contact details for researcher:**

Catherine Moriarty

Trainee Counselling Psychologist

PsychD Counselling Psychology

Department of Psychology

Roehampton University

Whitelands College

Holybourne Avenue

London

SW15 4JD

Contact number:

Email address: [moriartc@roehampton.ac.uk](mailto:moriartc@roehampton.ac.uk)

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department

**Director of Studies Contact Details:**

**Head of Department Contact Details:**

Dr Janek Dubowski

Dr Diane Bray

Department of Psychology

Department of Psychology

Roehampton University

Roehampton University

Whitelands College

Whitelands College

Holybourne Avenue

Holybourne Avenue

London

London

SW15 4JD

SW15 4JD

020 8392 3214

020 8392 3627

## **7.8 – Interview Schedule**

- Could you start by telling me about your therapy experience?
- ‘Do you feel your gender impacted your experience?’
- ‘How would you describe your relationship with your therapist?’
- How would you define trust within the therapy relationship?
- ‘Did you feel that you grew to trust your therapist? Describe this experience,’
- ‘Did you feel able to discuss your feelings at times when you may have felt anger or mistrust with your therapist?’

## 7.9 – Emails of Transparency

Dear \_\_\_\_\_

Following up from our meeting in ----- I wanted to send you a copy of the transcript. As discussed I have not duplicated any identifiable information and following reflection with my supervisor I will not be including the majority of the transcripts in their full version in the thesis for confidentiality. However they will be available to examiners. Therefore if you had anything that you were not happy with I wanted to send you it and give you the option to say so.

Thank you again for interviewing for my research. It was hugely appreciated and added hugely to the work. Before I attach this here I am conscious that this is a company email and wanted to check if you would prefer to receive it elsewhere or in a password encrypted version?

Best wishes,  
Catherine

Dear Catherine,

Thank you for sending this. I have only skimmed over the text but it looks good and reminds me of what was actually a helpful and informed conversation.

I would like to see the final thesis when it is all done.

Best wishes,

### 7.10 – Analysed Transcript

Analysed version is an inappropriate format for line numbers so lined version is 8.12

Researcher		Initial Analysis	Emergent Themes
Evan	<p>So thank you very much for coming in to talk to me – I wondered if you could start by telling me a little about your therapy experience?</p> <p>Ok, well I had, the first time was a complete and utter disaster! Em, I was, as part of trying to join a support group, a peer support group. [Right yeah] I was contacted by this guy who said I need to meet you and when I met him he said ‘Well the peer group is closed right now, but I am a trained counsellor and I will give you some counselling for a period of time until the groups open,’ [Ok] That’s what he said to me, he then went on to get hard-ons (laughing) when I was describing my abuse and talking about himself. So that lasted about a month. So that was my first experience so it was a bit difficult to disentangle and didn’t get very far.</p> <p>I then did join the support group, I started attending and I found it amazing, it was my first real thing, you know! All my adult life, that was 6 years ago, 7 years ago, all my adult life I had kind of confided in women, in personal relationships, I’m gay but I confided in women, and I always found, you know, I got sympathy etc.</p>	<p>Seeking help but finding another abuser</p> <p>Therapy journey starting with an abuse</p> <p>The therapist getting him alone</p> <p>The therapist as focused on himself</p> <p>He continued this for 4 weeks</p> <p>But despite this he continues and joins the support group that was connected to the place that this guy was</p> <p>First really therapeutic space he had experienced</p>	<p>The vulnerability of entering therapy.</p> <p>Therapists can abuse you</p> <p>Reduced trust when therapist’s focus is themselves</p> <p>Very negative experience in first therapy</p>

	<p>But this was the first time ever I was talking to men and it was just completely different and I was just so freaked out by how different it was, easy it was and how I could just speak for the first time because nobody gave me any sympathy, they didn't give me any sympathy! They just understood, it was just facts. These are de, de, de, de, de and it was just the most amazing experience from that I got into counselling at this group for LGBT and the guy there was great. He just tried to take me through chronologically and review character by character and it helped me, you know, get a narrative if you like. Put my story, in kind of place, you know, because I had lots of, my memories and some are clear, some are really actual and some are like cartoons and scraps of like 10 seconds and stuff. So all kinds of different kinds of memories I've got, em so he kind of helped me tell the story. Give me some, give me something I could say that I was about this age and this was about this age and these were the people at that time, that time, that time and this probably lead to that. Just the context, which was really really helpful and useful to me. It was the first time I had done that and it helped me to understand but I</p>	<p>Confiding in women led to sympathy, sounding like pity</p> <p>Difference between talking to friends and to actual survivors. They understood, it really helped him to speak more, no sympathy, no pity</p> <p>Facts – so maybe it was psychoeducational – this detached it from feelings for a while = more accessible that way?</p> <p>Then connecting with another therapist similar to him – LGBT – narrative therapy, concept of being somewhat emotionally detached from it, putting it into order</p> <p>Dealing with memories, some of which were very partial, sounds like it allowed him to accept his memories and give him a coercive story</p>	<p>Important to be met as another person on a level footing</p> <p>Connection with other survivors</p> <p>Moving from emotionally detached to connecting</p> <p>Earlier work was counselling,</p> <p>Very containing work at the start helped him to feel understood</p>
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	<p>mean, it wasn't, it didn't help me when it was over at 6 months cos that's all they did. That was the end of that.</p> <p>He then wrote me a letter to the NHS saying I could do some psychotherapy [ok] I was then. I started seeing this guy, who was, in the end brilliant, but at first I just thought he was cold and he saw me and I didn't have anything in common with him. He was so middle class and a hippie and everything like that and I just couldn't find any kind of connection. But he keep trying to, you know it's hard looking back on it cos at the time I didn't understand what he was trying to do but he was just trying to ground me in real moments [ok, right] SO if I was having a problem with this person on a bus or that person in the street, trying to get me there, trying to understand what the interaction is, that they were kind of, it was kind of psychodynamic but it was just trying to bring me into it. So in the end that was only 6 months as well and so by the end I kind of began to understand what he was doing and how he was doing it and then it was over [hmm]. So that was good but it was 6 months and that what the funding was in that, in foray at</p>	<p>Getting some understanding on how one thing led to another</p> <p>The ending at 6 months appears to have been difficult – cut short - uses word 'they' depersonalizes it</p> <p>Accessing the NHS – referral</p> <p>Male therapist – bad initial impression – cold and different, where previously there had been a lot of similarities</p> <p>Without similarities connection was difficult for him</p> <p>Getting down into details, but this seems to have challenged his feeling of being understood</p>	<p>Cut short hampering the feeling of a relationship</p> <p>Getting referral</p> <p>Psychodynamic experienced as cold and detached</p> <p>Had difficulty relating to someone who had a different background from him</p>
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	<p>that time that's all you could get.</p> <p>So then I moved and I was straight away trying to plug in to services here. It took me a year and to get a psychotherapist. I had forgotten about this guy until I was thinking about it yesterday.... I started seeing this guy and he, straight away, talked to me about violence. I think he assumed something about me, I know I present probably differently to how I see myself (laughs[<i>he is a large and muscular man, covered in tattoos, including a teardrop face tattoo</i>]) and after about three or four sessions, he said I'm really surprised that you haven't been more violent in your life and it just shut me down. I was just horrified by the idea....</p> <p>05:29</p>	<p>Trying to be with him while looking at very specific instances – helped him to understand a bit more</p> <p>But just as he was getting to use it, it was cut short</p> <p>Feeling of the system being prioritized over his needs, NHS budgets abandoning him</p> <p>Limit to the love?</p> <p>Trying to get help and taking a year to find someone to even start working with</p> <p>Meeting a therapist who made assumptions about him. Not seeing him as a complex human being, with opposing parts</p> <p>Assuming/accusing him of having been abusive to others</p> <p>Assumption eliminated the trust</p>	<p>Detailed work experienced as challenging relationally, particularly when there is confusion as to why it is happening – Power imbalance</p> <p>Multiple levels of meeting – forest and trees</p> <p>Therapy cut short again – needs of the system versus needs of the client</p> <p>The difficulty of finding therapy/support</p>
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			<p>Feeling misunderstood</p> <p>Being mistaken for an abusive person –</p> <p>fear of being identified as abuser</p> <p>Assumption eliminated the trust</p>
Researcher	Based entirely on his...		
Evan	<p>Yeah, yeah [wow!] Yeah, so it was really weird and then I spent the next couple of months trying to, trying to build trust or something and it just not happening, just not happening and in the end I said to him ‘Look, the problem with this is you made that huge big assumption about me,’ and I really reject the concept of the Vampire syndrome. Do you know that vampire syndrome?</p>	<p>Trying to move past these assumptions but always unable to trust him</p> <p>The therapist didn’t trust him and this could never led him to trust them</p>	<p>Therapist assumption and lack of trust lead to a chasm he couldn’t cross</p>
Researcher	No		
Evan	It’s the idea that the abused go on to abuse	Therapist seeing him as a potential abuser	
Researcher	Ah yeah, yeah. I haven’t heard it called that before		
Evan	<p>Yeah, quite a lot of people call it the vampire syndrome. You know once bitten you go on to bite. And so I said to him ‘Look as far as I’m concerned what you said is vampire syndrome, you are assuming that I was a</p>	<p>Being infected with abusive tendencies</p> <p>He tried to tell the therapist about his key disagreement to work it</p>	<p>Idea of being abusive reconnects him with his abusers</p> <p>Therapist negative reactions to challenge,</p>

	<p>violent man because I was middle class and because I present in a brutish way and all this and, you know, that assumption just means that I can have no relationship with you and I've been trying and trying and trying' and he got angry and said 'ok you leave then,' and so I managed to stay in the situation and say 'No, you get me another therapist, 'which he agreed to do and then I saw this really good woman. She was my first women. What I like about her is she was really practical, down to earth. At the time when I started seeing her my PTSD was huge, probably the worst it has ever been in my life. Well since I've been sober.</p> <p>I've been sober about 7 years, before that I used a lot of drugs, a lot of alcohol. So that was probably the worst of that since I'd been sober and so I think literally all she was trying to do was cope with that stuff. I was having a lot of public flashbacks, public anger and mainly that was shutting me down, it was causing me to isolate and stuff like that. I wouldn't do harm to anyone, but I was having all those feelings [very intense] yeah and so I think initially for the first month she was just coping with that and she</p>	<p>out within the relationship</p> <p>He felt rejected by the therapist for bringing this up</p> <p>But he pushed the therapist to finish off by finding further support for him –relied on him to find further help</p> <p>He valued the practical down to earth aspects of her</p> <p>Being able to deal with serious symptomology such as PTSD</p> <p>Alcohol and drugs suppressed his thoughts but since sober they flooded back</p> <p>Therapy in the context of very difficult symptoms such as public flashbacks.</p> <p>His symptoms caused him to pull away from everyone else but drew him to therapy</p>	<p>or discussion of issues in the relationship</p> <p>Relied on therapist for referral</p> <p>Pushed forward with therapy despite setbacks</p> <p>Practical, effective for him – built confidence</p> <p>Disconnected by using drugs</p> <p>Reconnected with past when sober</p> <p>Disconnected from other – therapy as reconnecting</p>
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	<p>did really she brought me through the other side of it. Since then we have just been looking at how, constantly how my, you know, how I am in any situation. Psychodynamic, she plays with me and stuff like that and I am still very isolated. But my isolation is that I am exhausted all the time, related to a physical illness but hopefully in a few months I should be alright. So she built in plans for how to start new relationships. How to...she was really good, I really like her. She great and practical</p>	<p>Being able to reduce symptoms and improve quality of life built great trust for him</p> <p>Then he was more able to look at individual moments once she could prove that she could help</p> <p>She did not fix all his problems but he developed perspective and hope for the future</p> <p>Practicality was very important to him – did he feel that she was more invested when she was giving him practical help – is it more motherly, nurturing? Or more like a mentor?</p>	<p>Symptom reduction opening opportunities for further work</p> <p>Didn't need to feel cured to have gained significantly</p> <p>Practical advice</p>
Researcher	So that has an impact?		
Pa 5	<p>Yeah, oh definitely!!! I mean I just felt like she understands me. You know she understands the reality of my life. She's also working class, black woman. I just think it's because you've got that understanding of day to day stuff, it's much easier for her to be and see inside my head, you know? It's that abstract</p>	<p>Practicality facilitated a feeling of being understood</p> <p>Being able to relate to the therapist from previous experience</p> <p>Shared past experience created a sense of being deeply understood and held in mind</p>	<p>Feeling understood and held in mind</p> <p>Relating to the therapist from shared past experiences</p>

Researcher	<b>Q2 - Would you feel your gender impacted your experience in therapy and how?</b>		
Evan	<p>Ehhh!! I suppose, a big part of how I define my gender is through my gayness, you know being gay. So at first when I saw the one who had the hard-ons sort of thing (laughing) he was gay, so that was em, openly gay you know. SO that.....that, you know, just completely weirded me out. SO I suppose I was on guard from then on. The next guy I saw, he was really, he was so chilled and so relaxed, he was so non-sexual and non-threatening in that way. It was, you know I think I just didn't have an issue with it. I don't know why....</p> <p>10:13</p> <p>I don't know, it's hard to, it's a chicken and egg type thing. Because you assume that men aren't emotional you don't know how much you are allowed to do yourself, and you're holding back and then they are holding back. There is a kind of a chicken and egg type thing. I'm not gonna go in, I don't wanna melt in front of them straight away! [yeah] So I feel a bit reserved and hold back and I don't want them to</p>	<p>Identifies his gender not as male or female but as gay</p> <p>I wonder if he is saying something here about how a shared identity with an abuser creates a struggle for him</p> <p>Then he experienced another gay man who was very boundaried and this appears to have undone some of the previous damage and given him another model of a therapist who is gay?</p> <p>Gay as something that he choose for himself? Versus a biological identity he was assigned?</p> <p>Male gender normative identity as a limiting and constraining entity</p> <p>It sounds like something that is being wrestled</p>	<p>Gayness as major factor towards gender</p> <p>Boundaried gay therapist versus abusive therapist</p> <p>Male gender normative limitations form as inhibitors in therapy</p>

	<p>straight away, you know, the word trust for me is a difficult word. But knowledge, experience, are words that I much more prefer. SO I think that just test somebody out, to try and see what somebody is like [umm] initially and especially with a guy, you know. I think all my, all my life I am going to be wary of other men, sexually even though I am gay, you know. You kind of are constantly on guard about what someone's motives are and stuff like that.</p> <p>I think that's good because it brings the tension into the therapy if you are kind of conscious of it. But in another way it just means that there is that period of time before you can judge someone, before you can...</p> <p>I mean, I wouldn't even ever say I trusted anybody or even really say that I trust. But I would say that after a period of time, your knowledge and your experience of someone means that you don't think that they are going to harm you.</p> <p>So it's like, it's not like, even at that point that I would say that I trust them. I would say that I have learnt that they are not there to do me harm [yeah, yeah] That is a much better way of me feeling about it, and</p>	<p>Not being allowed/ feeling free to cry</p> <p>Trust as a difficult concept but knowledge and knowing someone feels more comfortable</p> <p>Testing therapists to find out who they are</p> <p>Increased distrust towards males</p> <p>Motives as very important</p> <p>But he views this positively because he believes that it brings more energy to the therapy</p> <p>Noting that this leads to a difficult initial period of not knowing</p> <p>Not Trust – knowledge that someone is not going to hurt you</p> <p>He doesn't view this knowledge as a trust</p>	<p>Re-defining trust – not a constant state but as a scientific hypothesis</p> <p>Testing out and looking for motives</p> <p>Legacy of the abusers in relationships to men</p> <p>Testing amplifies dynamics</p> <p>Difficult starting work</p> <p>Working hypothesis of people and their motives</p>
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	thinking about it then ‘oh I trust that person.’	Trust feels dangerous perhaps? Knowledge is something that no-one can take away, it’s not as black or white  Trust makes you vulnerable	Trust as vulnerability
Researcher	Yeah....what would that feel like? Saying “I trust that person”?	Echoed back his statement to get more rich info about his experience	
Evan	Em, it just, it just, it would just feel. I kind of walk around with the idea that people who trust are stupid really! It’s like, em it’s like (sorry I don’t know about you but) I’m an atheist, I’m an atheist and for me trust and faith are like the same thing. There is no basis in fact (laughs) What it is, why would you trust someone you don’t know and when you do know them, then you know them!!! So trust isn’t the issue then, you know em, you know what they are like. So I don’t even know what it means when you use, mean the word, you mean by the word trust [yeah, yeah, I see what you mean]  I think I am probably more conscious of it, or survivors are more conscious of it than other people, but I don’t know what anyone means but then I don’t think anyone does; trust, you know,	The idea of trusting appears stupid and naive to him  Compares trust to blind faith  Atheist – ‘there is no god,’ certainty about what is wrong – certainty about trusting is wrong/will get you hurt?  Basis in facts – seems to fit to a positivist objectivist mind-set that believes there can be a single truth that can be accessed through experimentation – it gives me the impression of someone trying desperately to control his world  Doesn’t know what trust is	Trust as certainty feeling naïve  Gaining a sense of control over trust

	they get to know someone don't they?!	He and other survivors more aware of the issue of trust  Believes that no-one knows what trust is	
Researcher	Yeah, yeah, so knowledge really is the thing that makes the difference..?		
Evan	For me!!		
Researcher	Q5 - So let's say you know someone and you feel you have this knowledge and then something comes in that wasn't known to you. It's as though you are building up a concept of who someone is but then what if something comes along that challenges that concept? What happens then		
Evan	If it was a therapist? I mean I am usually strong enough to challenge! There are times when I am not, there are times when I have been extremely vulnerable and I wouldn't have been in that position. And I would have felt really hurt and normally, if it was right now I would say 'Right what do you mean by that?! What do you mean by that, sorry I didn't, sorry that come out wrong, are you testing me, is this some game or something, I mean why,	Strong enough to challenge – sounds like entering a fight  If you can't fight back then you get hurt  The words he uses are so aggressive like starting a fight -	Challenging the therapist

	<p>why?’ and I would have to work it through with them [yeah, yeah] and understand why they are trying to say. If it was someone just in my life that wasn’t very important I probably wouldn’t give a shit, really, I would just walk away, you know</p>	<p>There is a sense that there is a right and wrong way to be and that the therapist was wrong</p> <p>He will get them to explain themselves – defend themselves</p> <p>He may just dismiss and dis-connect from them if they are not important enough</p>	<p>Some people aren’t worth this fight - relationships as work, as a battle</p>
Researcher	<p>So kind of going into protection rather than..?</p>	<p>Possibly overstepped into interpretation but was trying to understand what he was describing</p>	
Evan	<p>Well I mean, you know, (10 second pause) just, just, if it’s not someone that is important then it’s not important, you know [Ok] But within a therapy relationship, definitely challenge. If something, I mean like the vampire syndrome with that guy, if somebody said something to me, you know. Or like with my recent therapist a while ago, said something to me about how I had fallen through the cracks, i.e. in services, and she gave a, talked about her own experience growing up that there were families that were dysfunctional. I said ‘well walk me through that, what did you do, personally, probably only a kid, what</p>	<p>He pauses here as if I have given him a new perspective but then he makes a statement that is self-affirming</p> <p>Challenge as essential for therapy</p> <p>Thing that breaks trust is saying something that show a very different understanding or a misunderstanding of him or his situation</p> <p>His therapist had a misconception and he broke it down with her to see her perspective and ‘right,’ it</p>	<p>Challenge as essential for therapeutic relationship</p> <p>Being misunderstood</p> <p>Entering into discussion to</p>



	<p>did your family do? What did anybody do about those dysfunctional families? So, it's not cracks, it's nothing, there's nothing, you know? If you are on a council estate and all your family is mad and druggies and 'alcies' and unless you enter the criminal justice system on your back, there's nothing!! It's not cracks, it's void, it's emptiness....</p>	<p>But it seems that being misunderstood is a particularly big issue for him and so when he sees this it's a trigger but for people he cares about he will break it down for them</p> <p>He speaks about it (care) not being there, A void in him for trust perhaps also</p>	<p>understand or correct the other</p> <p>Being misunderstood can break relationships</p>
Researcher	<p>It sounds systemic, there's nothing there...</p>	<p>Reflecting what he said to get more information</p>	
Evan	<p>16:12 Yeah!! There is nothing, at all! And, eh, so the idea of cracks to me, is problematic. So I challenged on that. I said look 'That's just really wrong to say cracks, it's to say that there is something there, like a safety net and there isn't,' [yeah] So it's suggesting to me that it is somehow accidental that there were not services provided to support me. I'm saying there wasn't services</p>	<p>The idea of a working system in place appears quite challenging, perhaps because a working system should not have let him get hurt</p> <p>Whereas systematic flaws or a broken system maintains an apparently needed sense of order but gives opportunity to fix said system</p>	<p>Challenge as a communication</p>
Researcher	<p>It's like you are comparing different world views?</p>	<p>Clarifying my understanding</p>	
Evan	<p>I think that was something that slipped through, I mean she come from a similar background to me, she drug herself up through it, got her social work</p>	<p>The comment was an accidental slip-up, not a sign of fundamental differences. He appears to re-emphasize the similarities between himself and her</p>	

	<p>degree and then did her therapy training, So I mean, it's just, I suppose if you live in a world of this, I mean therapy, you develop a world view don't you?! And she, every now and a again.... is why I am sure....and that's the problem.</p> <p>So yeah, I will challenge and sometimes that's more than I will do with others, but I mean, you know...</p>	<p>Then blames her being a therapist – as if therapist is not good but she was a good therapist</p> <p>Challenging is a sign of his care</p>	<p>Therapist as inherently other, different world, different fortune</p> <p>A good therapist = one that comes closest to relating to connection</p> <p>Challenge as a sign of care</p>
Researcher	That's very interesting that you will go there to challenge! It's as if you value the relationship enough to challenge?	Clarifying my understanding	
Evan	<p>17:38 Well I value the work I am trying to do, that's really important to me. I see or I have understood increasingly the problems that I have had and I need a safe space for me in order to do that work. SO part of challenging someone on all of that, is part of me doing that work really! [oh right, yeah]</p> <p>So right, I do like her and in as far as I have ever trusted anyone I have trusted her, But you know, I still, I think it's an important part for me to say 'Look I don't agree with you and here's why I don't agree with you...'</p>	<p>Values the therapeutic work higher</p> <p>Sees valuing that as valuing himself</p> <p>Challenging and developing this 'knowledge,' is an important part of the work – he's valuing the relationship but too afraid to say that?</p> <p>This relationship has been the closest he has had and he views the challenge as an integral part of maintaining that</p>	<p>Values the therapy even if the relationship fails him</p> <p>Challenging can build epistemic trust</p> <p>Being able to challenge the therapist without fear of losing them as sign of good relationship and trust</p>
Researcher	<p>Yeah, that makes sense.</p> <p>Q3 If you think back on</p>		

	your previous relationships with therapist, how would you have described the relationships you had		
Evan	Well the vampire syndrome one, I didn't develop any sort of relationship with him. It just didn't work, it got off on a bad foot, he said something that I objected to and it just never got anywhere, I kept trying and it just never got anywhere. SO I would say that we didn't have a relationship. You know and if we saw each other now we would walk past each other without speaking.	There needs to be a certain level of knowledge built before he can handle a misunderstanding like the one that he had with the male therapist  There was no relationship at all	Misunderstanding at the start is too damaging – too vulnerable then?
Researcher	As if you didn't recognize each other?	I misunderstand and clarify	
Evan	Aw we would but I wouldn't have anything to say to him. I just didn't work at all. Em, the one before that, the one in the NHS. Lovely, I came to really like him in the end, but it was hard work because I didn't understand what he was doing. It was my first proper experience of proper therapy and I didn't understand what he was doing. So it was hard! Getting into the room being there was hard work, it was tense and I was like argh, argh, argh!	He developed a relationship with the NHS therapist but he calls him 'lovely' which implies a superficial relationship  This was because he didn't understand the therapist – couldn't relate?  There is some confusion about whether it was difficult because it was his first time or because he couldn't relate	The relationship can mirror the process from confusion towards understanding

	<p>So I had massive respect for him and I came to like him, a lot. I respected, once I understood what he was doing I came to really respect it. But I wouldn't say we had a personal relationship, as I said from the first moment, you know, every time that he, I thought he was a dope smoking hippie, something that you would see at a country fair, would vote democrat and you know?! It's like nothing to do with my life, so I was never going to be his best mate or anything like that, that's how I felt from the start!</p> <p>But through the work, I came to like him and I came to respect him. And I told him at the end, I said 'look when I first met you I thought, you know you were zebedi from magic round about (laughs) but now I really like ya, so thanks very much for this work. It's been important to me,' So that's what I said to him</p>	<p>Ultimately he appears to attribute it to 1<sup>st</sup> time issues</p> <p>Good therapeutic work can build a better relationship when one might not otherwise have occurred</p> <p>There were significant differences between him and this therapist to where he couldn't relate to him at all</p> <p>He came to like him, this bond developed because of the work</p> <p>He was able to speak in a very open and personable way to him at the end, which even goes against the psychanalytic model that was being used</p>	<p>Great therapeutic work can overcome the differences between client and therapist.</p> <p>Developing a feeling of connection and comradery despite difference through the therapeutic alliance</p>
Researcher	And do you think that if you'd been a bit clearer on what he was trying to do from the start, it might have helped or...?	I was afraid to lead him here but I was curious about his experience of psychodynamic practice	
Evan	Erm..... I just don't know if I would have understood, I just .....it was..... I had never	He doesn't believe that having the process explained would have helped.	Having to go through the process in order to understand it

	<p>done, I had never read what is psychotherapy or anything like that. I just knew I needed something I had been struggling to find something and you know I made some steps forward but it felt very small. And I had been to this weekend event and for the first time ever, it was in one of these workshops.</p> <p>You know it was like I said ‘Jesus fuck, it was like a religious experience. Because up until that point my anger and everything was focused on – the whole world needs to change and everything (laughs) Everything, only me, I’m okay (laughs harder) It sounds bad now but that’s exactly what I thought, exactly what I, but I there was absolutely no problem with me. I was the rightest you could ever be (laughs) but everyone else in the world and everything else in the world needed to rapidly transform everything about that. And at that weekend for the first time I was like fuck, I’ve gotta to do this for me. Sod everyone else, Sod the world, I have got to change I have got to find out why I am like this, why, what’s going on with me and how can I have a better life. Cos I stopped using drugs and alcohol and basically I</p>	<p>Instead he needed to experience it in the first person to ‘know’ the process or maybe trust it?</p> <p>Group men’s events lead to revelation</p> <p>Real confusion in his metaphors here because earlier he refers to faith as stupidity but here he refers to the things that guided him as a religious experience – is he attributing his revelation to something outside himself?</p> <p>Before this he couldn’t relate to anyone enough to do therapy because he housed all his problems in the other. He couldn’t see himself as flawed in any way but this revelation both disempower him because it made him the problem but also empower him to do something about it</p> <p>He wanted to ‘trust’/know himself</p> <p>Getting sober showed him that he didn’t know himself at all – Alcohol and drug use was a way</p>	<p>The power of the group male events</p> <p>Something to feel certain about and hold onto at times of relational difficulty</p> <p>The empowerment of seeing the issues within himself</p> <p>Sense of not knowing himself and wanting to get to know himself</p>
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	<p>hadn't known what to do with my life, with myself, who I was, what was happening. All the time that I was wrecked, I didn't care!! But since I've got sober and so this experience of this weekend was like the start, if you like of everything so even the therapy I was constantly, constantly throwing back to this moment that I had where I had made a decision but I didn't know what that meant, I didn't know how to do it, I didn't know....</p> <p>So I would guess with that guy, if he had explained everything to me at that point I wouldn't have known, understood what he was talking about anyway. Whereas now I probably would understand it, or most of it anyway... at that point I just wouldn't have understood</p>	<p>to help him avoid himself</p> <p>Everything started and came back to this 'religious revelation,'</p> <p>He believed in it but he didn't know what it meant or how to do it – Faith?</p> <p>He had to undergo the process of therapy to be able to understand the process</p> <p>Trust the process is what is coming out here to me but I wonder if I am applying my own paradigm</p>	<p>Alcohol as a way to hide from himself</p> <p>The importance of having something to hold onto</p> <p>Fully embracing the process</p> <p>Mirroring his process of getting to know himself in his process of getting to understand therapy</p>
Researcher	<p>It sounds like you're saying that your journey at that time was about not knowing and being uncertain about things and that was really echoed in the therapy and that as the therapy went on you got a greater understanding of yourself as you got a greater understanding of the process, is that right?</p>	<p>My understanding at that time was that his process of getting to know himself was mirrored in a process of getting to know/trust the therapy. I wished to check this with him</p>	

Evan	Yeah. I mean yeah, I mean the guy, the lgbt guy, he was just a sweetheart. I could have gone out for a drink with him, become friends, I really liked him. He wasn't like someone that I would, you know....He was gay and I was gay but I wasn't attracted to him or anything but he was a nice, you know, a nice guy and he really helped me, so you know	<p>He agrees</p> <p>Then in reference to his previous therapy where he got to know his story</p> <p>When potential sexual involvement is there he seems to assume that it's coming to mind, for me?, but he puts effort into proving he wasn't sexually attracted.</p>	Struggle with relationship with a male/gay therapist – similarities to busers but yet fundamentally different in boundary and approach
Researcher	And he was the one with whom you did narrative work?		
Evan	Yeah, yeah		
Researcher	When you spoke about that it sounded quite containing?		
Evan	Well it was a 6 month course and the first time I had had anything really and he described it as counselling rather than therapy. And at the end he said that my case was the most serious stuff he had ever had to deal with. So it had been difficult for him as well. Right? [interesting] and he told me at the end and I was really pleased that he told me that actually. It helped, you know, it helped me understand his journey in that 6 months as well as mine which was important to me. Which yeah you know that's part of, I think, how life guides the approach for therapy, is it, because you say you've got 6 months, or you are	<p>His narrative work had been the first experience he had but he describes it as counselling NOT therapy</p> <p>He felt a connection with this counsellor and the discloser at the end gave him a sense of a shared journey that increased his feeling of connection</p> <p>The therapy needs to match where the client is at in that part of his journey – idea of a linear journey to recovery</p>	<p>Narrative as very appropriate for him at the start</p> <p>Counselling versus psychodynamic for beginning</p> <p>Appropriate Disclosure from therapist built connection</p> <p>Matching the client where they are in their journey</p>

	<p>allocated a therapist and it's at this time and this time...There's no choice in it. You know if you are middle class and you've got a load of money and you can say I wanna get one and shop around and talk to your other friend who had been in therapy and you can pay for it basically, you've got a choice. You are in control a lot more of the situation. But if you haven't got money if you are working class in that situation. You're not, you know, it's like take it or leave it situation, so....you know</p>	<p>But he also felt cut short at 6 months</p> <p>He felt a sense of disempowerment because he had no choice in the length or who his counsellor was.</p> <p>He felt this as an injustice because of his class!</p> <p>This disempowerment mimics the feeling of being abused in some ways</p>	<p>Linear journey to recovery?</p> <p>Difficulties within NHS/charities – disempower clients through lack of choice</p> <p>Disempower clients by prioritizing budget</p>
Researcher	So already from the get go there is a power dynamic thing?	Quality checking my understanding	
Evan	<p>There is a power dynamic there definitely. It's like if you walk right and there is nothing else and also how can you walk in and start a relationship of trust with anyone when you haven't made any of the decisions. Apart from looking for something. How can you walk in and say 'sorry you are talking rubbish,' or you know?</p>	<p>The unequal power dynamic in charities and NHS makes it difficult to build the trust</p> <p>It left him with a feeling that he couldn't challenge too much or he would lose the help all together – Conditions of worth in the system</p>	<p>Power dynamics more evident in NHS and Charities</p> <p>Imbalance of power – limits client's challenge and inhibits trust building</p>
Research	I suppose you could pay money for a therapist but if you are seeking survivor specific	Reflecting what I heard from him before but also from the research and other survivors but	



	treatment then it can be hard to find that, so I suppose the main options are places like the survivor orientated charities and then you face that issue?	wishing to get his take on it – less bracketed but curious about his position on it	
Evan	<p>Well then you'll get a 12 week course and it's not even scratching the surface on a scratch on the surface. There isn't any survivor counselling in London, 12 weeks is nothing. You would need 5 years!! You know?!! You should be locked up for the first 5 years, I think (laughs)</p> <p>I certainly think there needs to be... I mean I have been on a few weekends in the last 5 years and the intensity of those situations is very helpful for men</p>	<p>He is deeply frustrated with the services for survivors. Due to lack of funding etc he feels that they do not meet the needs of the people that they serve</p> <p>Needing to be locked up for the first 5 years implies that the client is untrustworthy for the first 5 years</p> <p>Being on group weekends with other male survivors have been an essential part of his process</p>	<p>Funding issues around survivor support</p> <p>Starting therapy as a dangerous time</p> <p>The importance of group male survivor weekends</p>
Researcher	Really? [Yeah] Can I ask you a bit more about that?		
Evan	<p>Because there isn't that escape and because what men do is brood and walk away, there is nowhere to walk away to. And you are kind of encouraged to come out, to explode, you know. The first time you see a bloke cry it's like..... [It's very real] yeah well it's a miracle, it's just a miracle. Each time, for each man, cry in front of them, a man!!! You might as well throw your legs up, I mean, that surrender, you know.</p>	<p>Being on weekends creates a level of emotional intensity that he feels is necessary for men to open up. He is almost describing needing to feel slightly forced into opening up</p> <p>But that seeing other men become emotional is essential to have the confidence to do it himself</p> <p>Because it's such a vulnerable place – is he</p>	<p>Survivors can apply a force that might otherwise be experienced as abusive</p> <p>Emotional intensity helps opening up</p> <p>Power dynamics more relevant for male survivors</p>

		saying here something about how vulnerability on both sides is the only way to eschew the power dynamic because perhaps for men the power is even more important than for women??? Because of gender normative idols etc	
Researcher	That's really interesting so it's like constantly battling with these masculine gender norms and then this space, this intensely emotive space really charges those	Reflecting back what he has said and forgetting about the research – object in a paper bag moment	
Evan	It's like a pressure cooker, really, it's like you know you don't know where to go and its kill or be killed and that's it. Because you know my experience a lot of survivors describe that they just walk away, they go and lock themselves away, they get, they do all the isolating things, being isolated in public, you do all those things but if you are not allowed to do that, you've really gotta face it (laughs).	<p>Pressure cooker that breaks him open</p> <p>But then he changes metaphor to kill or be killed, when it's vulnerability that's the issue – so opening up actually takes the power back in those situations? The pressure flips the dynamic such that something that makes you vulnerable outside makes you powerful inside. He describes a man crying as a miracle</p> <p>When the men are all together they are still men but the pressure allows one to break and then because they are all survivors it is his little boy that cries and that little boy accesses the little boy within the other men and so he can come out. The pressure</p>	<p>Group work</p> <p>Vulnerability as strength in group work</p> <p>Allowing the little boy out kills the strong man imperative and seeing another man's</p>

		cooker kills the man and lets out the boy	little boy brings out his injured boy
Researcher	That's really interesting... Q4 So when you felt that you had grown to know (instead of trust) your therapist do you think you could describe that experience? 30:01		
Evan	I mean I think it became a bit less hard work, almost, it was like.....em.....there was always an agenda previously it was like this is the issue we are going to discuss today and this is the one we had last week or the week before so we are going to address that. Whereas once I felt like more relaxed and comfortable and more like I knew where she was coming from. I felt more able to just let it go where it went rather than saying this is the problem of mine that we are gonna deal with today. I felt more comfortable with just seeing what happened. And I think some of it has just been a waste of time (laughs) We've spent an hour and we haven't talked about anything. You know after a few weeks you think have we even talked about anything, anything important, you know. Sometimes, I mean I wouldn't say that over one session that that was a waste of time, but you	<p>But then in therapy that pressure feels negative – it's a relationship of twoness like the one where they were abused</p> <p>Agenda of the therapist versus his own needs</p> <p>Knowing where she was coming from – He trust her and then he could let it go wherever it needed to</p> <p>This allowed dynamics to emerge more naturally when he wasn't always fighting the power/abuser dynamic</p> <p>He seems like a different person from the facts driven guy, he's more laid back here and embracing a process that essentially he must trust</p>	<p>Pressure in therapy does not precipitate opening up</p> <p>The dynamics of a two person relationship may be too close to that of the original abuse</p> <p>Therapist agenda increases sense of powerlessness</p> <p>Less directive therapy allowed him to feel more empowered</p> <p>Therapists comfort with uncertainty facilitated comfort with uncertainty in him</p>

	know? I wanted to be able to achieve whatever I can		
Researcher	And with the guy at the NHS when you were looking at what happened on the bus etc, did that feel like it could just go where you wanted it to go or did that feel like....?		
Evan	Em that felt like there was always an agenda and not my agenda. I didn't understand and that was really hard work, always felt agenda-ed - always felt like, you know. I couldn't even understand why he wanted me to talk about that thing it was that difficult and I had to write down that he's the one that knows what he is talking about and lets do this	Having a fixed number of sessions and a therapist that drove the sessions more made him feel out of control  Interestingly he still went back to a place of trusting that this person must know what he's doing	Therapist agenda further disempowered him  Holding onto a desire to embrace the process at times of disempowerment
Researcher	It sounds like an incredibly difficult process		
Evan	It was, it was incredibly difficult. It was almost like grinding your teeth difficult, almost as bad as that	Trusting the process with someone that he can't understand felt deeply uncomfortable to him, probably because trust doesn't sit comfortably with him	
Researcher	What was it that kept you going with that?		
Evan	I felt that I needed to do something. You know what I mean, it had been a ridiculously long journey. I would probably say that in my 20s I had used the term to myself – I have been sexually abused –	The need for change was a powerful motivator for him  He had spent 20 years avoiding it and that had not worked for him so	Desire for change as a motivator  Not knowing what the right thing was but

	<p>you know and then never ever went anywhere near it until my mid-40s. So you know 20 years of lots of drugs, lots of alcohol, living in other countries, shagging anyone, all of that stuff just to avoid it, and once I made the decision not to use drugs not to use alcohol those are the decisions that left me well what do you do? This life – if I am not going to kill myself then how do I get up in the morning how do I walk out the front door, how do I, I couldn't do anything I just didn't what life was, I just didn't understand it at all, so I knew that about myself. I knew, I needed to do something I didn't know how to do it, I didn't know what it was. And so that, I have always had that in my brain – I NEED THIS!!</p> <p>And so whatever it was and no matter how difficult it was and whether or not it was specifically working right now, I need something. So let's try this and see if this works, you know</p>	<p>he had to give the other treatment a proper try</p> <p>The only alternative felt like suicide and he didn't want to do that</p> <p>Left with a profound sense of not knowing himself or anything about life but he did know that something needed to change</p> <p>He had tried lots of other methods and therefore he viewed this not as trusting the system per say but as experimenting rigorously with it in order to either disprove or prove the null hypothesis that it was also useless</p>	<p>knowing what had not worked</p> <p>Suicide considered but not wanted</p> <p>Desire to change as a certainty amidst deep uncertainty</p> <p>Experimentation</p> <p>Needing change as a fundamental motivator</p>
Research	The word that really came to mind that was you had to put your faith into something but you mentioned that faith as stupidity, so how was this process...?	Exploring my curiosity	
Evan	So yeah, kind of like faith, I mean I would say suck it and see. Actually try it! If that works then	He feels that the difference between this experiment and faith would be down to	Rigorous experimentation requires leaning in to the process

	let's go down there until that stops working. A trial and error type rather than you know, you could say faith if you want but faith to me would mean that it's definitely gonna work. And I'm never even knew if it was gonna work, if it was the right thing, anything like that. So I'd try this and see and then I'd try the next thing etc	certainty, with him viewing faith as un-evidenced certainty whereas he never had certainty but he had to try it properly	
Researcher	So experimentation? [Yeah] When you had the horrible experience with the therapist who got hard-ons, after that experience to continue to engage must have been challenging and I really admire it.	I wondered why the abusive therapist didn't just put him straight off the process altogether  This was a statement but I hoped to get more information	
Evan	Can I tell you something I never told anyone? [Sure] I didn't care if he was getting hard-ons, I just thought he was a crap counsellor!!! (laughs) I mean I made a complaint about it at the time and went through the process and it got nowhere and what I said, what I felt at the time was that yeah it was inappropriate, it was a betrayal, but if that was the worst thing that had ever happened to me then I wouldn't have been sitting in the room in the first place! So that's how I felt about it. I have been there, seen that, done that since, you know.... (gestures at his side to imply since he was very young). So it wasn't that, it was you know.. he kept	He didn't think that counsellor represented the whole profession  He followed the procedure of complaint but he doesn't seem to have any confidence in that process  But he is not shocked by that sort of behaviour because he has seen worse  He gives me further evidence of what a bad therapist and how focused on himself he was and PA5 was certain at least that therapy was supposed	Important to avoid internalizing negative experiences  Seeing things that fit his world view but looking to see if there were others – trying to challenge his own world view  Holding onto the idea that therapy was for

	<p>talking about himself. Stuff like that At one point when I was winding it up, getting out of it he said ‘Oh you are just gonna walk out of here, just let me down, like everyone else does,’ saying things like that and I’m thinking this therapy is for me, not for you. And so it was my first experience and I thought the guy is just an idiot as much as anything, as much as he...</p> <p>Retrospectively I am more angry about the hard-on then I was at the time, at the time I was just like oh stuff him</p>	<p>to be about him and so he dismissed this inappropriate behaviour</p> <p>He dismissed him but didn’t internalize it</p> <p>Now he is more angry about it, perhaps more in touch with his emotions about people abusing him</p>	<p>him, not for the therapist</p>
Researcher	<p>It sounded like his behaviour was almost like something that you had expected in a strange way, like normalized. Since you are saying that you had seen it so much before as if ‘yeah that’s what people do,’</p>	<p>Clarifying my understanding</p>	
Evan	<p>Yeah!! Yeah, I mean it was like that! I mean I gave him a disapproving look and carried on. I didn’t punch him or get up and run out screaming or anything like that, you know</p>	<p>He had seen worse and he didn’t know what a good counsellor was yet so he wasn’t shocked or as appalled as he would be now</p>	<p>Higher tolerance for abusive behaviour</p>
Researcher	<p>And so, when you were then going to subsequent therapists I wondered if it came up again?</p>		
Evan	<p>I mean it didn’t really. I mean there were moments when I thought about him sexually but just to realize that there wasn’t anything sexual going on, just to</p>	<p>It made the non-sexual and boundaried treatment from the next therapist seem that much safer</p>	<p>Appreciation for boundaries when they are presented</p>

	realize that there wasn't anything sexual but the next guy didn't present anything sexual to me		
Researcher	More that I wondered if the fact that the abusive therapist wasn't shocking link into a place where behaviours like that aren't allowed to be shocking anymore		
Evan	<p>I mean in a way it's somewhat matter of fact, you know, I mean I've seen that a thousand times before and it's my first experience of counselling so I didn't really know what to expect.</p> <p>The second guy, because there was nothing like that it was fairer and easier. I didn't compare or contrast I just did the work with the second guy and it was easier but I wasn't thinking 'oh this one hasn't got a hard-on that's okay,' I just thought what a tosser the other one was, how sad really I just thought what a sad man and just pissed off that I thought I was going to get some counselling and I'm not, it's not working out, this is nonsense. That means I have got to go and find someone else and what is there, I don't know?! Not doing what I wanted to achieve and that was the biggest problem for me. And retrospectively now I'm now thinking 'Fucking hell, how many</p>	<p>He talks about this in a very emotionally detached way, which makes sense in the context of previous abuse</p> <p>He started afresh with his next therapist</p> <p>His attitude of let's give this a proper try meant that since he viewed the first guy as not a proper therapist then he just needed to move on and find a proper therapist</p> <p>His anger was still projected onto the</p>	<p>Leaning into the process</p> <p>Separating bad individuals from the concept of therapists as a profession</p> <p>Trying to view negative experiences as contributed to by the abusive person and move on to the next person</p>



	<p>other people is he?!’ and other people might have been much more damaged by an experience like that than, you know. So those kind of feelings about it retrospectively. But at the time I was just feeling ‘What a sad man’</p>	<p>world a bit maybe, which kept him safe at that point</p> <p>Now he feels more in touch with his anger and more connected with the world of others that could be hurt by this guy</p>	<p>Further into his journey he now feels a deeper connection with other clients</p>
Researcher	<p><b>Q4 - So I wondered if there were times with your therapy where there were things that fundamentally challenged your knowledge or trust and how did you deal with it?</b></p>		
Evan	<p>I think sometimes that’s part of the process really. I mean sometimes, like the thing I told you about the flash of light and realizing that it’s about me and I’ve got to change. Sometimes you just realize like ‘Fucking hell I have just been so stupid,’ you know. Sometimes that’s part of it ‘Why did I used to think like that?’ Now I know that that’s wrong. Sometimes I think that that is a good part of the process.</p> <p>Em, I can’t remember any specific instances where they did something terrible because from the outset we were such different people; he could have said all kinds of crap and I would have thought</p>	<p>Realizations about yourself and the world fundamentally rock the believes that you had</p> <p>Losing trust in himself, feeling disconnected from the person he used to be as he develops</p> <p>The lack of common ground created a greater need to have a motivation for the</p>	<p>Losing trust in yourself at the early stages of therapy/as part of abuse outcome</p> <p>Leaning into the process when relationship is weaker</p>

	alright he's just a glasses wearing hippie, you know, and not given any kind of credence to it. I can't think of anything really	process and therefore allowed greater clip-ups with the NHS guy	
Researcher	<p>So that's really interesting – there was room for him to be a hippie and therefore different from you.</p> <p>So what I remember you saying earlier was that challenging was very important if something comes up that could compromise the work</p>		
Evan	Yeah, I mean part of challenge but try to understand what they mean. My experience are different, I would say this why are you saying that and try and work through it really	Challenge needs to be grounded in a desire to give the benefit of the doubt – a desire to relate	Giving the therapist the benefit of the doubt
Researcher	It sounds like you want to assume the best of them?		
Evan	<p>I had like a, I don't know if it's a self-fulfilling prophecy of my own – do I believe this because I am crazy or is this true? And the fact that I don't cope with it well makes me crazy kind of thing, you know what I am mean, it's like a chicken and egg thing. It's like - are some of my world beliefs just totally off-kilter because of the experience I had? Or is it Because of the experience I had I can't interact with the world positively, so sometimes when people say something to me,</p>	<p>There was a lack of trust in himself and that gave him pause regarding his initial reactions to others</p> <p>His abuse history has left him with a question around trusting himself because it interfered with him knowing himself</p> <p>Now he is increasingly open to other realities</p>	<p>Lack of self-trust gives greater scope for exploring initial reactions</p> <p>Abuse rocking the foundations of self-identity</p> <p>Using this as positive to explore other realities and perspectives</p>

	<p>especially in a situation like that then I just think well that's not true as far as I'm concerned 'it's just not true,' so tell me why you think it's true, because I'm also, yeah maybe I'm wrong</p>		
Researcher	<p>Is there something there for you? This is what I am getting from what you are saying but I don't want to assume – So when you say “I don't know if I have ever trusted anyone.” Are you including yourself in that?</p>		
Evan	<p>Sighs...yeah I mean, you know by that thing that I just described, then I mean yeah, I mean I do kind of I do question my, to a certain extent, I mean I don't walk around all day saying 'is this a bar of chocolate?' I mean I'm not that crazy (both laughing) [I wouldn't have thought that no] But I do walk around thinking 'I just felt like that person treated me like shit, was that me or was that them actually, or was it them just doing something that's nothing and I'm just so on edge and I'm tired that it feels like more than it is. SO yeah it is, I kind of question myself</p>	<p>His trust in himself took a huge hit in that time when he got sober and went to the workshop but it opened him up to seeing how he contributes</p> <p>Now he has a lot more room for intersubjectivity</p>	<p>Alcohol gave false confidence</p> <p>But therapy facilitates growing knowledge/trust of himself and this allows greater room for intersubjectivity</p>
Researcher	<p>So actually when you put it that way it sound like there was a stage, when you were using drugs etc, that you didn't have any trust in the form of knowledge of yourself?</p>		

Evan	Nothing, nothing, all those are in a fucking flower bed, I was		
Researcher	So now you are increasingly building trust or knowledge of yourself?		
Evan	Yeah, if you wanna use those words, I would have said building understanding of myself, you know	Building greater understanding of himself allowed him space to see that sometimes he was seeing the worst in others and now he sees what he contributes and can more honestly assess the others contribution	More knowledge of the self allows greater intersubjectivity
Researcher	Sorry I don't want to put words in your mouth	Careful not to lead or impose my interpretation	
Evan	<p>No, no you know, I am happy to discuss the word trust. I am happy to discuss it it's just not something I wear</p> <p>My big problem, right is I don't think anybody trusts. People just use this idea and it's almost like a totem – I am a trusting person, which means I am a good person and I'm open to this experience and that one. But I don't think that anybody does walk into a situation, totally disarmed and totally naked and say 'Do your worst!' Nobody does do that. So how different is what I am saying, if everybody goes into every situation forewarned and forearmed based on their previous experience then they are</p>	<p>Trust as a concept that doesn't describe epistemic trust but something fake that is socially constructed as something of merit when it is a lie. He believes that trust is knowing the other and knowing that they won't hurt you</p> <p>His argument is that everyone, survivor or not brings their past into every situation to forewarn them of danger</p>	<p>Trust as it is used publically versus epistemic trust</p> <p>Issues in societal systems</p>

	not really trusting then are they? Or ARE they??		
Researcher	Is that what trust is?		
Evan	<p>Well I mean if you look at the dictionary or listen to a Hollywood movie about what trust is, then it's bollox right?! if it's something other, nearer to what I am describing then yeah I think that's what most people do.</p> <p>The problem with survivors, is not that we don't trust really! It's that we don't ever have any relationships with anybody so you don't even get to the stage of knowing someone and understanding someone because, because you have really big walls around you. It's not the trust thing, it's the not having relationships thing [ok] I would say...</p>	<p>The difference between trust as it is practiced and the socially constructed concept of trust – Hollywood idea as like some lucky person could walk around trusting most people</p> <p>The issue that he sees for survivors that they struggle in relationships and then isolate which prevents them from getting to the stage of knowing another – because they have to lie about themselves??</p>	<p>Socially constructed concept of trust – associated with being a good person and having had a good life</p> <p>Survivors struggling in relationships as the foundations for issues of trust</p> <p>Feeling other and relating on a superficial level</p>
Researcher	But is that the chicken and egg? [yeah I mean it's better to have relationships] Yeah but I wonder, if you are struggling with trust, can you build relationships and if you don't build relationships can you trust?		
Evan	It's certainly an egg, getting raped as a child is certainly an egg that got broken, so I mean it was never going to grow into a healthy chicken was it (laughs) that broken egg. So yeah I mean, survivors do have relationships, some are married and	<p>There's an idea of the cards being stacked against him. A broken or corrupt system</p> <p>Survivors as being alone even in relationships – because they can't tell</p>	<p>Systematic issues</p> <p>Having to live a lie inhibits the ability to develop a completely</p>

	<p>long term thing but what I am saying is that they are alone in that situation. You don't show the real you and you don't let your guard down and all those things</p> <p>I have spoken to many people who have said that, especially after a sexual encounter, someone has turned around and said 'Are you a survivor?' (laughs) it's almost like there's a label no us....(laughs)</p> <p>Is that it?</p>	<p>everything, because of the abuse, why??</p> <p>Don't show the real you – you lie about yourself</p>	<p>knowing and trusting relationship</p>
Researcher	<p>That's all my questions, I can turn off the tape if you want....</p>		

## 7.11 – Quotes for Themes

### Finding and connecting

#### Seeking evidence

“at first I just thought he was cold and he saw me and I didn’t have anything in common with him. He was so middle class and a hippie and everything like that and I just couldn’t find any kind of connection. [] Lovely, I came to really like him in the end, but it was hard work because I didn’t understand what he was doing. It was my first proper experience of proper therapy and I didn’t understand what he was doing. So it was hard![] But through the work, I came to like him and I came to respect him.” (Pa.5, 29-31+175-177+188)

“I just felt like she understands me. You know she understands the reality of my life.[] I just think it’s because you’ve got that understanding of day to day stuff, it’s much easier for her to be and see inside my head, you know?” (Pa.5, 77-79)

“I was looking very urgently to another therapist and someone recommended me to a woman [] And I don’t remember the first session exactly but I do remember when meeting her thinking ‘well this woman is extraordinary and I must continue to see her!’” (Pa.1, 11-15)

“And it seems, of course, because she was so straight forward and apparently effortless. I know that underneath she was extremely skilled, a very very skilled woman.” (Pa.1, 65-66)

“I would look for this woman to see if she would take me on...just because her instant knowledge of the subject and interest in the subject. I don’t know whether she herself was a survivor. I think she was, just by, I don’t know, you know.....” (pa.1, 101-103)

“when I was looking for someone who really knew about abuse, as soon as I met this man, within 10 minutes I knew just by the richness of the conversation that he really, the territory, I want to say the territory not the subject. That he understood the territory of abuse very widely and richly. I have no idea if he had been abused himself, none whatsoever, and he definitely wasn’t a gay man..... but we established a very deep therapeutic relationship almost immediately,” (pa.1, 265-269)

“P who I saw there, was way too cold and uncommunicative. He was an old school type therapist. I wouldn’t be able to ask “How are you?” He wouldn’t answer anything,” (pa2, 36-38)

“Well, she would tell me stories about how people often have certain problems and how they overcome their problems in certain ways. So I could tell that she was speaking with personal experience...maybe about herself or people she knows other patients or clients.” (pa.2, 204-206)

“that was one of the first things that she said to me when we met...that... “I understand that you would like to have someone warm and communicative.” She said “ Well I am warm and communicative,” and she said that! I think it was probably one of the first things that she said. And she, she made eye contact with me. It was very warm,” (pa.2, 224-228)

“I imagine that she was like an older sister who has had some things happen to her in her life.” (pa.2, 230-231)

“So I think in therapy, the therapist is finding out what you think but for me I like to find out what they are thinking, yeah, yeah....” (pa.2, 440-441)

“I’d been in therapy before, but I wanted to go to somebody that was associated with, who was for survivors and recovery.” (pa.3, 5-6)

“As in, you know and it’s a curious thing that I find, as well, having been in therapy, as to therapist that specialize in child abuse recovery. I often kinda wonder, or maybe it’s just my, my imagination but I often kinda think I wonder if that therapist has experienced child abuse as well.” (pa.3, 28-31)

“I wanted to know that maybe, sometimes the therapist was maybe going towards I felt maybe it was something that they had experienced [] but I wasn’t sure so we thrashed that out, you know?” (pa.3, 37-39)

“There’s no self-compassion! There’s no forgive yourself. That’s another thing that we talk a lot about. And now I can see, I would have benefitted a lot from being told about maladaptive coping mechanism” (pa.4, 62-64)

“There’s no self-compassion! There’s no forgive yourself. That’s another thing that we talk a lot about. And now I can see, I would have benefitted a lot from being told about maladaptive coping mechanism.” (pa.4, 72-73)

“This woman, she just ran a drop in center at a little community, had no qualifications at all, survivor herself and was quite the campaigner.[] with like that woman with absolutely no qualifications. But who clearly, had been a survivor herself and had understood it and used to hearing that kind of level of abuse” (pa.4, 160-161+206-207)

“So 2 therapists ago – should I just call her X [] who clearly understood the issues around abuse. She was very engaging, she was very challenging,” (pa.6, 120-122)

“trust was something I think I gained fairly quickly with her so she is an expert and she has a reputation for being good []I don’t think she would claim to know everything about every issue but she has clearly done her homework about abuse and its consequences and she clearly understands the average human being” (pa.6, 241-247)

### Negotiating negative experiences

“that felt like there was always an agenda and not my agenda. I didn’t understand and that was really hard work, always felt agenda-ed,”(Pa.5, 279-280)

“there was always an agenda previously it was like this is the issue we are going to discuss today and this is the one we had last week or the week before so we are going to address that.” (Pa.5, 267-269)

“It just didn’t work, it got off on a bad foot, he said something that I objected to and it just never got anywhere, I kept trying and it just never got anywhere. SO I would say that we didn’t have a relationship.” (pa.5, 169-171)

“That’s what he said to me, he then went on to get hard-ons (laughing) when I was describing my abuse and talking about himself. So that lasted about a month. So that was my first experience so it was a bit difficult to disentangle and didn’t get very far.” (Pa.5 7-9)

“I think one man’s brilliant therapist is not right for the next one. I’m very interested in this! “ (Pa.1, 217-218)



“Survivors have the very very finely tuned bullshit detector and they will know it immediately if you are trying to deliver an intervention or support in a way that is at all dishonest. You know, they will spot it straight away and will just walk out the door and it’s insulting basically.” (pa.4, 276-279)

“severe trauma like ritual abuse that leads to things like dissociative identity disorder, or even partial sever dissociation, is that people who carry that pain are very careful about not doing anything that might deliver vicarious traumatisation to a practitioner. They just drip feed, tell them a little bit at a time, you know are you okay with that...because they are so in need of that support that they don’t want to break the person by delivering it all in one lump.” (pa.4, 338-342)

“SO that was when I first sought help and I went to my gp and I was sent to a number of places including a hospital where I had a very unhelpful encounter with a psychiatrist” (pa.6, 25-26)

“I had various counsellor, therapy experiences, some of which were helpful in the moment. Quite a number of which I look back and realize that they weren’t and I think that sometimes that is because the therapists and the counsellors couldn’t kind of... Well to be kind, I don’t think they had had enough training in dealing with this issue and so wanted to avoid talking about it.” (pa.6, 38-42)

“Then there was the other guy at {location} who was dismissive. That was a non-starter in a way. I knew right from the start that I just could not trust him, I could not trust him and so I did not go back there.” (pa.6, 264-266)

“And I have heard from a lot of other survivors who have had fantastic therapists and counsellors, absolutely fantastic but I’ve also heard from people who have had terrible experiences. And not that unusual, who have alleged assaults!!” (pa.6, 287-289)

### Being met and held

“And at the end he said that my case was the most serious stuff he had ever had to deal with. So it had been difficult for him as well. Right? [] and he told me at the end and I was really pleased that he told me that actually. It helped, you know, it helped me understand his journey in that 6 months as well as mine which was important to me.” (Pa.5, 227-230)

“I think that sometimes I think that what most heals is a quality of presence, a constancy of presence []Just to feel oh my god this therapist hasn’t thrown me out, this therapist is still there. That constancy is what, I think unconsciously promotes the trust.” (pa.1, 183-191)

“I think it’s about an openness, an honesty...to say ‘What do you mean there, I don’t quite understand what you mean.’ Rather than to feel that any interpretation that has come from the therapeutic lectures has been imposed upon you. An awareness that every human being is unique and different, complicated and rich and incredibly human and that must just be met and negotiated.” (pa.1, 203-206)

“What works there is the honesty and the agreement that you are both flawed and imperfect human beings but present and constant and willing to engage with that imperfection.” (pa.1, 239-241)

“what matters is the quality of the presence in the room with the person and I always think when the conversation with the model becomes dominant there’s a problem.” (pa.1,349-351)

“if P made a mistake it was the mistake of thinking that, eh a person’s circumstances weren’t so important, that they would sort themselves out. But actually it was my personal circumstances that were causing me grief.” (pa.2, 179-181)

“She was emotional once or twice about stuff that I was bringing up, and I wasn’t. I think I was kind of hardened. So I think I just got that sense that she really cared, you know? That she wanted to as well! And that she was interested and she wanted me to heal, you know? And survive as well, you know?” (pa.3, 142-144+157-158)

“‘Well you know, it’s this, this, that and the other,’ you know? Because people, it frightens people to talk about it. Not your therapist, that’s the good thing with the trust. I would say are you okay with my saying this or saying that and they would say ‘Of course that’s what we are here for.’ But to tell people outside of that, outside of therapy. I think people just find it shocking.” (pa.3, 228-232)

“I mean that very first time when that psychiatrist friend of the family said, he said, you know, he gave me a little bit of validation and all the rest. And that was huge, and I could see that I was being respected! [h]e was being honest as well, so I think that was honest and that was respectful, but it was the first, the first kind of like...little bit of somebody throwing me a line that I can actually see ‘Oh yeah, I might be able to actually, you know, somebody trying to help,’” (pa.4, 151-157)

“So my experience, I think, you know, in fact I’m pretty sure really. They just weren’t up to holding the level of anger and frustration and resentment and fear and to engage with that emotional reality. That I was living.” (pa.4, 202-204)

“Being honest about it, it’s all reciprocal. We can all hold each other and hold that level of, know, either my trauma or other people’s trauma. It’s explicit!” (pa.4, 242-244)

“And I think survivors particularly have a very strong sense of..yeah.. bullshit and it’s deeply offensive. You know, if you’ve come with your darkest horror and you are trying to share that and you are responded to in any way that is unauthentic. Well, fuck off, you know. It is retraumatizing.” (pa.4, 283-286)

## **Negotiating Masculinity in therapy**

- Feeling Power Dynamics

“the word trust for me is a difficult word. But knowledge, experience, are words that I much more prefer. SO I think that just test somebody out, to try and see what somebody is like [umm] initially and especially with a guy, you know.” (Pa.5, 95-97)

“It’s got to do with more of an equality of presence that I feel I am being met by somebody who understands or endeavours to understand me at the same level of complexity that I would endeavour to understand him or her if I was in their position.” (pa.1, 192-194)

“With P at *Charity B*, it wasn’t a symmetrical relationship at all. I suppose it’s not a symmetrical relationship with any of them. With P it was the least symmetrical relationship I have had with any therapist.” (pa.2, 87-89)

“I’m much more enthusiastic about CBT and NLP and things where you just kind of realize what’s happening and take some action about it, according to what you think it happening.” (pa.2, 145-147)

“maybe I think that the therapist themselves is desperate for that breakthrough. So maybe P believed that if I just keep coming and I just keep talking, eventually I’ll realize something and make a breakthrough.” (pa.2, 165-167)

“Yeah and I almost kinda felt that I wasn’t asked and it steers up stuff then,” (pa.3, 129)

“And so I think for me, abuse takes away choice from children. In that way that you can’t fight back goes into post-traumatic trauma” (pa.4, 38-39)

“he said to me ‘Oh are you showing me that, are you trying to make me jealous or something?’ And I thought that was a really odd thing to say because that personalized it and I wasn’t. I was simply trying to demonstrate a weakness of mine,” (pa.6, 225-228)

- Addressing Social Constructs

“Because you assume that men aren’t emotional you don’t know how much you are allowed to do yourself, and you’re holding back and then they are holding back. There is a kind of a chicken and egg type thing. I’m not gonna go in, I don’t wanna melt in front of them straight away!” (Pa.5, 91-94)

“Did it influence the therapy? Yeah, yeah it did I guess because as a survivor, being a man, it maybe was more difficult on some level, talking about what I was talking about. Because of the nature of what I was discussing.” (pa.3, 9-11)

“On one level I think all of these issues are the same for men and women basically But there are social constructs around that condition the way that men and women behave. It’s more acceptable for women to talk about these things, socially, generally then for men.” (pa.4, 127-129)

“But it was a woman’s service and they made me a woman as it were, to benefit from that service” (pa.6, 58-59)

“SO there was a bit of machism about him that I didn’t like.” (pa.6, 91-92)

“Yeah and I’ve sat with her and I’ve had tears with my eyes and I’ve sometimes wanted to sob, and I never have but sometimes I have wanted to....But then there’s that bloody stupid British man inside that stiff upper lip, doesn’t want to sort of show their vulnerability, and I do play, I do play the joker a little bit too much.” (pa.6, 151-155)

- Working in Groups

“I mean I have been on a few weekends in the last 5 years and the intensity of those situations is very helpful for men [] Because there isn’t that escape and because what men do is brood and walk away, there is nowhere to walk away to. And you are kind of encouraged to come out, to explode, you know. The first time you see a bloke cry it’s like..... [it’s very real] yeah well it’s a miracle, it’s just a miracle. Each time, for each man, cry in front of them, a man!!! You might as well throw your legs up, I mean, that surrender, you know. [] It’s like a pressure cooker, really, it’s like you know you don’t know where to go and it’s kill or be killed and that’s it. Because you know my experience a lot of survivors describe that they just walk away, they go and lock themselves away, they get, they do all the isolating things, being isolated in public, you do all those things but if you are not allowed to do that, you’ve really gotta face it (laughs).” (Pa.5, 250-264) (researcher prompts excluded)

“I confided in women, and I always found, you know, I got sympathy etc. But this was the first time ever I was talking to men and it was just completely different and I was just so freaked out by how different it was, easy it was and how I could just speak for the first time because nobody gave me any sympathy, they didn’t give me any sympathy!” (Pa.5, 12-15)

“I felt I need some more therapy and I felt I want some group therapy. I didn’t want to do one on one and I was interested in, I found a group, a men’s sexual health group.” (Pa1, 42-44)

“Yeah, yeah, I think that the group is brilliant. I think that for me I won’t have more therapy after the therapy I am having now. But I might be interested in going on a retreat thing for men. [] I would say, the most powerful, eh, therapeutic experience I have ever had in my life (really?) and that was just a bunch of guys talking in somebody’s house. So I think being in a group, em, is extremely good,” (pa.2, 397-404)

“I was talking in that guy’s house, I said this morning I woke up and I was very, very,very,very low and then two guys either side of me put their hands up. It was very touching and it made me feel... It was like a revelation you know that other people were like, the same way.” (pa.2, 413-416)

“Group therapy with all men who had survived child abuse, there were all different levels. I was quite lucky because I was fairly far on in my journey. But a lot of them weren’t. They were all at different levels. I wanted to do it to help these guys, help myself and help them. To help survivors but it was a hard enough experience really.” (pa.3, 171-174)

“Sometimes I feel, in the group that my journey got lost a little bit. I was keen to get back to my one-to-one” (pa.3, 194-195)

“I am more comfortable sitting talking to you than I might be sitting talking with a bunch of men, because I kind of grew up feeling....I don’t know how I feel....but, but....it was men who hurt me. It was women who, I sadly feel looking back, looked the other way!” (pa.6, 105-108)

## **Accepting and Committing**

### **Challenging the therapist**

“Yeah, I mean part of challenge but try to understand what they mean. My experience are different, I would say this why are you saying that and try and work through it really.” (Pa.5, 357-358)

“If it was a therapist? I mean I am usually strong enough to challenge! There are times when I am not, there are times when I have been extremely vulnerable and I wouldn’t have been in that position. And I would have felt really hurt and normally, if it was right now I would say ‘Right what do you mean by that?!’” (Pa.5, 126-129)

“I want them to be questioning and provocative and they have to meet me as a unique and extremely complicated and rather bizarre person rather than as an example of a kind of psychological condition.” (Pa.1, 133-135)

“It was almost as if, on one or two occasions, that there were words put into my mouth and....But I thrashed that out, by kinda saying ‘I’m not saying that, are you saying that from your experience?’ And that just opened up a whole lot of conversation as well.” (pa.3, 41-43)

“I always felt that she was a bit annoyed but I did, I challenged that because I couldn’t not, not challenge it. I do speak my mind but I think that’s important in therapy. You know, what went on last week?” (pa.3, 120-123)

“I think I do that in other aspects of life and sometimes too much. Challenging things, when I feel hard done by, not a victim!” (pa.3, 136-137)

“there was times when I was told to do things or to accept emotions or to forgive or whatever it might be and thought ‘No!’ but I was confident in my right to say no.” (pa.4, 313-314)

#### Negotiating the context

“I think, how life guides the approach for therapy, is it, because you say you’ve got 6 months, or you are allocated a therapist and it’s at this time and this time... There’s no choice in it. [] But if you haven’t got money if you are working class in that situation. You’re not, you know, it’s like take it or leave it situation, so...you know? [] There is a power dynamic there definitely. It’s like if you walk right and there is nothing else and also how can you walk in and start a relationship of trust with anyone when you haven’t made any of the decisions.” (Pa.5, 231-241)

“It was the first time I had done that and it helped me to understand but I mean, it wasn’t, it didn’t help me when it was over at 6 months cos that’s all they did.” (Pa. 5, 24-26)

“I mean with the NHS, I did 3 session at a hospital with IAPT and that was great. That wasn’t therapy that was career help,” (pa.2, 379-380)

“That was the only thing, because I was in a charity, there was a timescale. I wasn’t ready to go. I had stuff still to finish. So I had to put in a case – ‘saying I actually want to finish this.’ So that was a bit disappointing.[] It was like unfinished business really. We were still kind of, I needed to thrash out a few more things, you know? I felt it should have been at my pace. I appreciated where they were coming from with funding etc but I found it disappointing you know?” (pa.3, 62-71)

“What is it we can do here? Not just put a timescale on it because sometimes there’s no timescale on it, and I appreciate that it’s not possible to go on forever or for years and years but I just thought for something as sensitive as that (yeah) that was my only gripe with the charity.” (pa.3, 100-103)

“They are just, I suppose, just afraid of it all, and kind of they feel vulnerable around it, exposed, for themselves somehow. It’s just such a taboo subject as well.” (pa.3, 238-239)

“No and I don’t think I ever really challenged anyone. If you are in private therapy you are paying for it and it’s your time but then it’s a common thing. You don’t feel in sufficient, well the power. It is a power dynamic and abuse is about power dynamics. So I think it takes a long time before someone in a relationship with a therapist gets to feel that level of confidence. But once they’ve reached that level of confidence they can challenge.” (pa.4, 327-331)

“Yes that was NHS so it wasn’t open-ended and I was told, we will have 4 more sessions or something but that didn’t destroy the trust, I got that, I understood that.” (pa.6, 273-275)

#### Accepting realities of CSA survivor

“It’s certainly an egg, getting raped as a child is certainly an egg that got broken, so I mean it was never going to grow into a healthy chicken was it (laughs) that broken egg.” (Pa.5, 401-402)

“The problem with survivors, is not that we don’t trust really! It’s that we don’t ever have any relationships with anybody so you don’t even get to the stage of knowing someone and understanding someone because, because you have really big walls around you.” (Pa.5, 394-396)

“what I felt at the time was that yeah it was inappropriate, it was a betrayal, but if that was the worst thing that had ever happened to me then I wouldn’t have been sitting in the room in the first place!” (Pa.5, 308-310)

“I had like a, I don’t know if it’s a self-fulfilling prophecy of my own – do I believe this because I am crazy or is this true? And the fact that I don’t cope with it well makes me crazy kind of thing, you know what I am mean, it’s like a chicken and egg thing. It’s like - are some of my world beliefs just totally off-kilter because of the experience I had? Or is it Because of the experience I had I can’t interact with the world positively, so sometimes when people say something to me, especially in a situation like that then I just think well that’s not true as far as I’m concerned ‘it’s just not true,’ so tell me why you think it’s true, because I’m also, yeah maybe I’m wrong.” (Pa.5, 360-366)

“I was feeling abandoned and I didn’t want to give him resolution [] And I think it relates to something about abuse where the end of it also leads to (of course relief, I hated that abuse) but an immense sense of abandonment and loss of the attention.” (pa.1, 329-332)

“I was confronting my abuser and it was leading up to that and leading up to that and I just felt like I wasn’t being listened to. It was very stressful!” (pa.3, 57-58)

“I had trouble with those words survivor and victim. Once I got into therapy I was a ‘survivor,’ you know? But I know I have victim tendencies, not necessarily to do with the abuse maybe its other things that get us into victim mode. But I do think that when people talk about it in the media and they talk about ‘victims,’ I think enough. Victim is a strong word. How long do you remain a victim, you know?” (pa.3, 202-204)

“I’ve told a lot more friends. Which has been good, but I’ve found that it’s really your own journey. I thought if I told my therapist, and I told my family and I told all my friends and got it out there then talk and talk. That’s all fine and it’s good to have it out there in the world but it all comes back to you and how you’re gonna deal with it and how you’re gonna overcome it.” (pa.3, 276-279)

“I think I was expecting my therapist to be...I did in some way I expected them to fix the abuse. I think in some way it’s a normal expectation. Cos a lot of people do in therapy. They think ‘I’ve carried this for years and the therapist is going to sort it now!’” (pa.3, 282-285)

Researcher: “It takes such strength.”

Pa.3: “Yeah but sometimes I think it’s a strength that I didn’t ask for. I could have done without it but it has given me you know? Like I’d have no problem confronting people about things. I think in that aspect; once you challenge something like that in your life other things are just small.” (pa.3, 294-297)

“People would offer help, professionals and friends and I would just say no, no, no!! That’s danger! I need to have my defences up all the time, all the time!!” (pa.4, 81-82)

“Because feelings can be so mixed up and jumbled on top of each other and the feelings around, that sense of anger or the bereavement when you realize that you’ve missed out on childhood, all the things that you would have experienced in life if you had had a different childhood. It’s all about and it is all on very different levels.” (pa.4, 251-254)

“Because you get derailed as a little boy and you never know how much of the real you is who you are and what might have been had you not had your life totally screwed up by these dreadful experience of being attacked by various people?” (pa.6, 129-131)

### Committing to the Process

“And I’m never even knew if it was gonna work, if it was the right thing, anything like that. So I’d try this and see and then I’d try the next thing etc” (Pa.5, 301-303)

“I knew, I needed to do something I didn’t know how to do it, I didn’t know what it was. And so that, I have always had that in my brain – I NEED THIS!! And so whatever it was and no matter how difficult it was and whether or not it was specifically working right now, I need something. So let’s try this and see if this works, you know?” (Pa.5, 293-296)

“I felt that I needed to do something. You know what I mean, it had been a ridiculously long journey.” (Pa.5, 286)

“And at that weekend for the first time I was like fuck, I’ve gotta to do this for me....[]so this experience of this weekend was like the start, if you like of everything so even the therapy I was constantly, constantly throwing back to this moment that I had where I had made a decision but I didn’t know what that meant, I didn’t know how to do it, I didn’t know....” (Pa.5, 204-211)

“I just knew I needed something I had been struggling to find something and you know I made some steps forward but it felt very small. And I had been to this weekend event and for the first time ever, it was in one of these workshops. You know it was like I said ‘jesus fuck, it was like a religious experience.” (Pa.5, 195-199)

“Well I value the work I am trying to do, that’s really important to me. I see or I have understood increasingly the problems that I have had and I need a safe space for me in order to do that work. SO part of challenging someone on all of that, is part of me doing that work really! []So right, I do like her and in as far as I have ever trusted anyone I have trusted her, But you know, I still, I think it’s an important part for me to say ‘Look I don’t agree with you and here’s why I don’t agree with you....” (pa.5, 159-165)

“I think it just had to do with his skill and his speciality and also probably to do with my receptivity. I was at a stage in therapy where I knew how to use it.” (pa.1, 79-80)

“So one is not looking for the quick fix. One is looking for a meticulousness of curiosity and observation. So I like therapists that don’t jumped to conclusions and don’t realize that there aren’t any conclusions, there is only process.” (Pa.1, 135-137)

“I just think that for a woman to work with male survivors is incredibly fantastic and pioneering and generous and I want to reciprocate.” (Pa.1, 170-171)

“Yes, yes and I think that the more therapy I did, the more I was trusting and willing to be pushed forward. That of course is the purpose of therapy, the trust with your therapist you then take out into the world” (pa.1, 261-263)

“I felt like saying ‘I’m not going back,’ after the break but I did and I was there in our first session back and we thrashed it out what went on.” (pa.3, 253-254)

“I’ve heard that before ‘I tried counselling and it didn’t work!’ Well, you know, that does mean that all counsellors..” (pa.4, 218-220)

“{What I would say to other survivors} I would never say don’t do it, but I would always say ‘Just be choosy and if you don’t feel that you can work with someone, don’t stick with it simply because you feel you’ve got to. Do a little bit of research and try to get a recommendation rather than just flick through the yellow pages or the internet whatever.” (pa.6, 68-71)

### **Trust is**

“For me, I think, I think it’s about trust. Actually, it’s about trust, full stop! I have to feel that the therapist is on my side and I can trust the therapist to be on my side” (pa.1, 131-132)

“I think, for me and I think for a lot of survivors, that one of the most severe impacts, particularly when it’s prolonged child abuse. When it’s on top of absence of secure attachment, you don’t know what the word trust means.” (pa.4, 2-4)

### Trust is knowledge

“My big problem, right is I don’t think anybody trusts. People just use this idea and it’s almost like a totum – I am a trusting person, which means I am a good person and I’m open to this experience and that one. But I don’t think that anybody does walk into a situation, totally disarmed and totally naked and say ‘Do your worst!’ Nobody does do that. So how different is what I am saying, if everybody goes into every situation fore-warned and forearmed based on their previous experience then they are not really trusting then are they?” (Pa.5, 384-389)

“I would have said building understanding of myself, you know?” (Pa.5, 380)

“I think I am probably more conscious of it, or survivors are more conscious of it than other people, but I don’t know what anyone means but then I don’t think anyone does; trust, you know, they get to know someone don’t they?!” (Pa.5, 118-120)

“I wouldn’t even ever say I trusted anybody or even really say that I trust. But I would say that after a period of time, your knowledge and your experience of someone means that you don’t think that they are going to harm you.[] I kind of walk around with the idea that people who trust are stupid really! It’s like, em it’s like (sorry I don’t know about you but) I’m an atheist, I’m an atheist and for me trust and faith are like the same thing.” (Pa.5, 104-106+111-113)

“I felt that I didn’t know him and I felt that he didn’t know me. I definitely didn’t get to know him and he didn’t get to know me either. So that’s why I think... Whereas J at *Charity C* in just 6 sessions she definitely got to know me and I got to know her.” (pa.2, 194-196)

“well I think trust is a key thing, isn’t it? Especially in the early stages, when you are opening up. You’ve got to trust that they are there for you that they are listening, that they, you know, won’t be shocked, that they won’t take that information and.....not yeah of course I knew they wouldn’t take it anywhere else but you know?.. That they wouldn’t misinterpret it, you know, that....yeah trust is a big thing really because obviously your trust is taken” (pa.3, 83-87)

“I think she knows me quite well now, you know, and I feel, I feel very comfortable with her and I can and have told her anything really,” (pa.6, 157-158)

“For me trust would mean that I could tell that therapist absolutely everything knowing that it wouldn’t go beyond that therapist.” (pa.6, 196-197)